



CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEARS

1940-1945

ABERDEEN:
PRINTED BY G. CORNWALL & SONS.

MCMXLVII.



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SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1940-1945:—

	1940	1941	1942	1943	1944	1945
Population (civilian) estimated to middle of year	172,310	167,800	164,100	159,162	159,263	163,108
Marriage rate per 1,000 population	13·2	11·4	11·3	9·5	9·1	12·5
Birthrate per 1,000 population	15·6	16·2	16·1	16·0	16·5	15·5
Illegitimate birth-rate per 100 births	6·3	7·5	8·5	8·9	9·2	10·0
Infantile mortality rate	86	77	67	68	57	54
Death-rate per 1,000 population	14·3	13·5	13·6	14·1	12·9	12·8
Malignant diseases death-rate	1·64	1·69	1·87	1·89	1·67	1·77
All tuberculosis death-rate	0·61	0·61	0·65	0·62	0·69	0·52
Pulmonary tuberculosis death-rate	0·50	0·48	0·46	0·46	0·48	0·43
Infectious and parasitic diseases death-rate (excluding tuberculosis)	0·60	0·55	0·46	0·60	0·24	0·49
Average age at death (years)	55·8	56·2	57·9	57·5	58·4	59·6

PREFACE.

In 1940 the Secretary of State for Scotland decided not to call for Annual Reports from Medical Officers of Health. He stated, however, that Medical Officers should continue to collect data for a Report which would deal with the health of the community during the whole period of the war. This Report deals with the activities in the Public Health Department during the war years 1940 to 1945 and is essentially in an abbreviated form. With regard to housing, factories, and offensive trades, full details are contained in the Reports of the Chief Sanitary Inspector.

On the one hand, the war delayed the building of houses, the erection of clinics, and the extension of hospital provision, but, on the other hand, there were considerable advances made in the fields of prevention and treatment of disease.

The intensive employment of chemotherapy had outstanding results in the treatment of certain diseases such as cerebro-spinal fever, and progress in this connection is contained in the body of the Report. Penicillin was introduced and proved of immeasurable value in the treatment of many diseases such as certain forms of meningitis, septic wounds and diseases, and venereal diseases.

In May, 1940, there was established a Society known as the "Aberdeen and North-East of Scotland Blood Transfusion Service," which operated within an area comprising the City of Aberdeen and the Counties of Aberdeen, Kincardine, Banff, and Moray. The objects of this Society were to take the necessary steps for the continuation, development and expansion of the study of blood, and, in particular, to make available human blood for purposes of treatment in medical and surgical institutions—including Service hospitals—and to specialist members of the medical profession within the area, and, in cases of emergency, outwith the area. The management of the Society was placed in the hands of a Committee of not fewer than 25 persons who, in addition to the Director of the Service, were appointed by the Local Authorities of the areas served, by the voluntary hospitals in Aberdeen, and by other interested organisations.

The work of the Blood Bank, which was under the able direction of Professor John Cruickshank, steadily expanded and the development of the blood transfusion treatment was shown by the increasing demands for blood and plasma. Blood transfusion has been shown to be most beneficial in a large variety of surgical and medical cases. It has not only often saved life, but has shortened the period of convalescence, and in this way has shortened institutional waiting lists.

Blood donors came forward readily both from the City and from the rural areas. Professor Cruickshank, in one of his Annual Reports to the Society, stated—

" 'D-day' brought a remarkable increase in the offers to give blood, but the stimulus was in many cases a temporary one and there was a quick fall in enthusiasm and a failure to attend after the first bleeding. "

All the Blood Transfusion Services in Scotland were conducted on a voluntary basis as was the central organisation, known as the Scottish National Blood Transfusion Association. Besides its income from public donations, subscriptions, &c., the Association received a grant from the Department of Health for Scotland in respect of its important place in the Emergency Medical Services, for which the Department were responsible during the war. From 1940 to 1945 the Association's annual expenditure was slightly over £20,000, and, of that sum, roughly £12,000 was raised from voluntary sources.

Treatment by blood transfusion proved so successful that it had to be continued after the cessation of hostilities. The Department of Health were of opinion that the voluntary services of Regional Directors of Blood Transfusion and their teams could not be continued indefinitely, and they recognised that, ultimately, under peace-time conditions, the cost of a Blood Transfusion Service must essentially be part of the cost of running a Hospital Service. When, therefore, the State ceases to have responsibility for the Emergency Medical Service, it seems reasonable that the Association should obtain financial support from the funds out of which the Hospital Services are provided. There is no doubt that, if the National Health Service Bill becomes law, the Blood Transfusion Services will form an integral part of the Hospital Services.

At the commencement of the war it became apparent that, in the post-war period, efficient Orthopædic Services would be of paramount importance. In 1941 there was established the "Cripples' Welfare Association for the North-East of Scotland." This Association is administered by representatives from the voluntary hospitals, from the Local Authorities, and from the local Branches of British Medical Association. The financial commitments are met partly from grants from the Nuffield Trust and partly from contributions, according to population, from the participating Local Authorities.

In Aberdeen a Postural Clinic was established under the supervision of one of the orthopædic surgeons for the treatment of postural defects where no active disease exists. Throughout the area of the Local Authorities that participate in the Scheme there were established Peripheral Clinics which were visited periodically by the orthopædic surgeons. This Scheme will undoubtedly develop as time goes on, and in all probability will ultimately be associated with Rheumatism Clinics.

In connection with the treatment of pulmonary tuberculosis, the Department of Health for Scotland introduced in 1943 a Scheme for assisting financially those persons suffering from pulmonary tuberculosis who were likely to regain remunerative capacity within a reasonable period. A further advance in the realm of tuberculosis was the introduction of mass miniature radiography—a method evolved with a view to the detection of cases of early pulmonary tuberculosis in groups of the population; details as to the use and technique employed in mass radiography are given in the Section dealing with Tuberculosis Services.

During each of the war years an estimated civilian population figure was given Population. by the Registrar-General, but this figure varied considerably from year to year. In 1940 the estimated civilian population was 172,310, and it gradually decreased to a level of 159,162 in 1943. In 1945, the estimated civilian population had risen to 163,108.

In 1940 the birth-rate in Aberdeen was 15·6, and was then the lowest birth-rate Birth-rate. on record since civil registration was introduced. The rates between the years 1940 and 1945 showed slight variation, but in 1945 the rate decreased to 15·5, thus establishing a new lowest record. The Scottish birth-rate in 1945 was 16·9.

On the other hand, the illegitimate birth-rate increased considerably during the war years. In 1940 in Aberdeen the rate was 6·3, and it gradually mounted up until in 1945 it was 10·0 per cent. of total births. A similar upward trend of illegitimate births was prevalent throughout Scotland. Only in two quinquennial periods since the beginning of the century, viz., from 1911-1915 and from 1916-1920, have the illegitimate birth-rates exceeded 10 per cent.

The general death-rate among civilians in Aberdeen in 1940 was 14·3; in 1941 General Death-rate. it was 13·5; and in 1945 it was 12·8. For all Scotland in 1945 the death-rate was 13·2. As regards the average age at death, there was a slight but steady increase from 1940 onwards. In 1940 it was 55·8 years, and in 1945, 59·6 years.

On the question of the tuberculosis death-rate, the City of Aberdeen has been Tuberculosis Death-rate. singularly fortunate. In the year 1945, the death-rate from pulmonary tuberculosis was 43 per 100,000, and from non-pulmonary tuberculosis, 9 per 100,000. In the whole of Scotland for the same year, the death-rate from pulmonary tuberculosis was 60 per 100,000, and from non-pulmonary tuberculosis, 19 per 100,000.

In the 1939 Report it was recorded that the death-rate from all forms of tuberculosis, viz., 47 per 100,000, was the lowest ever recorded in the City of Aberdeen, but, during the quinquennium 1940-1944, the rates rose from 61 in 1940 to 69 in 1944. The rate in 1945, viz., 52, is, therefore, a step in the right direction.

The fall in the death-rate from tuberculosis is shown graphically in the Chart following page 18.

It is gratifying to be able to record that, in 1945, Aberdeen had the lowest Infantile Mortality. infant mortality rate yet recorded, viz., 54 deaths per 1,000 births. This was below the figure for all Scotland, which was 56. Edinburgh was lowest with a rate of 50. During the quinquennium 1940-1944 the average infant mortality rate in Aberdeen was 71.

Following page 24, a Chart is given showing the fall in the infant mortality rates amongst the principal towns and all Scotland.

Along with the fall in infant mortality rate as a whole in 1945, there has to be noted a decline in the neo-natal death-rate. In Aberdeen in 1945 the rate was 27, as compared with an average of 38 in the quinquennium 1940-1944.

Domiciliary
Midwifery.

Within the last few years considerable changes have taken place in the Maternity and Child Welfare Services. The most radical change has been the implementing of the Domiciliary Midwifery Scheme, as outlined in the Maternity Services (Scotland) Act, 1937. Under this Scheme, which was put into operation in Aberdeen in 1941, the Professor of Midwifery and his Assistants were appointed Obstetric Consultants. Twenty-four practitioners indicated their willingness to act, and their services were enlisted to attend women "before, during, and after confinement," the doctors being remunerated by the Town Council on a case basis. In 1945, 38 general practitioners were participating in the Scheme. In October, 1941, a Supervisor of Midwives and Superintendent of Health Visitors was appointed. At the same time, six municipal midwives commenced duty. By 1945, the number of municipal midwives had been increased to eight—seven full-time and one part-time.

Institutional
Midwifery.

In 1941 the Ante-natal Hospital at Foresterhill was opened by the then Secretary of State for Scotland, the Right Hon. Thomas Johnston. This institution was erected jointly by the Town Council and the County Councils of Aberdeen and Kincardine.

Summerfield Maternity Unit, which has six beds, was used to its full capacity during the war years.

Housing conditions, combined with a general change in outlook, have caused greater demands to be made for institutional confinement. The closure of a number of privately-owned maternity homes has aggravated the shortage of beds, and, in an endeavour to overcome this difficulty, the Town Council in 1945 purchased a maternity home; this home, known as the Queen's Cross Maternity Home, accommodates 15 cases. In the following year, another maternity home was purchased by the Town Council in the Ferryhill district—the Fonthill Maternity Home—with accommodation for 20 cases.

Many women have still to be confined under most unsuitable home conditions. There is great need for an increase in the number of maternity beds to cope with such cases and to allow a longer period of stay in hospital, which as a rule seldom ever exceeds ten days.

Health Visitors.

In 1943 a re-allocation of duties was made among the health visiting staff. From that date the staffs of the Maternity and Child Welfare Department and School Medical Department were amalgamated, and the health visitors thereafter took part in both school and maternity and child welfare duties.

School Medical
Services.

The Report on the School Medical Services is embodied in this Report. In this Section, special reference is made to the campaign of artificial immunisation against diphtheria.

At the outbreak of war the patients in the Local Authority's Mental Hospital at Kingseat were evacuated to various institutions in the North-East and to the Royal Mental Hospital, Aberdeen. During the whole of the war years, Kingseat was used as a Naval Hospital. Mental Health Services.

As regards mental defectives, there is a great dearth of institutional accommodation for all types of mental defectives. In the post-war period every endeavour will be made to remedy this defect.

There is no doubt that extensive and intensive dissemination of the elementary points relating to venereal diseases is of the greatest importance. Much valuable propaganda work was carried out during the war by the Department of Health for Scotland and by the Scottish Council for Health Education. Reference to the value of Regulation 33B is made in the Section dealing with the Venereal Diseases Services.

I wish to put on record my grateful thanks to the members of the various General staffs for their able and loyal assistance during the war years, when they were called on to perform war-time duties in addition to their ordinary routine work. These additional duties were performed in a most ungrudging manner.

HARRY J. RAE,

Medical Officer of Health.

PUBLIC HEALTH OFFICES,
4, ALBYN PLACE,
ABERDEEN, 10th March, 1947.

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For the years 1940-1945.

CHAPTER I.

INFECTIOUS DISEASES—MORBIDITY AND MORTALITY.

Appendix Tables I-III.

In 1945, the outstanding variations in the number of infectious cases (civilian cases) brought to the notice of the Public Health Department, as compared with the quinquennium 1940-1944, were as under:—

	1945	Aver. 1940-44	Increase	Decrease
Dysentery	331	252	79	—
Diphtheria	136	320	—	184
Scarlet Fever	316	222	94	—
Acute Primary Pneumonia	347	429	—	82
Measles	887	596*	291	—
Whooping Cough	195	289*	—	94

* Measles and whooping cough are not compulsorily notifiable and are usually reported to the Public Health Department by Attendance Officers and medical practitioners. The figures for these diseases, therefore, are not complete and are not true indices of their incidence.

Cerebro-Spinal Fever.

The incidence of this disease was, as was to be expected, seriously affected by war conditions during 1940 and 1941. Notifications rose from 4 in 1939 to 94 in 1940, and 51 in 1941. All these cases were of civilian origin. In 1942, the cases numbered 20; in 1943, 16; in 1944, 8; and in 1945, 25. As regards case-mortality, in 1940 there were 14 deaths, giving a case-mortality of 14·9 per cent. In the second year of the first World War, viz., 1915, there were 19 cases with 14 deaths, giving the very high case-mortality of 73·7 per cent.

The very considerable fall in the mortality from cerebro-spinal fever is undoubtedly due to the introduction of new methods of treatment. There is no doubt that the introduction of serum was an important addition to the scheme of treatment of this disease. Treatment by serum did reduce the mortality from cerebro-spinal meningitis.

Later, the introduction of chemotherapy by means of sulphanilamide and sulphapyridine in the treatment of cerebro-spinal fever revolutionised the outlook on this disease which was crippling and not infrequently fatal. In this connection, an excellent Thesis for the Doctorate of Medicine was submitted in 1940 by Dr. Robert F. Macdonald, then Senior Resident Medical Officer at the City Hospital.

Chickenpox.

By order of the Department of Health for Scotland, this disease ceased to be compulsorily notifiable in December, 1932. During 1945, 14 cases of this disease were brought to the knowledge of the Public Health Department.

Cholera.

No cases of this disease have been reported in Aberdeen.

Continued Fever (Undulant.)

In 1945, 1 case of undulant fever in a male adult was notified.

Diphtheria.

In 1945, 136 cases were notified, as compared with an average of 426 in the 1935-1944 decennium. There were 9 deaths in 1945, giving a case-mortality of 6.6 per cent., as against an average of 4.1 in the preceding decennium. Of the 9 deaths, 5 occurred in children under 5 years of age, 3 occurred in the 5-15 year age-period and 1 occurred in an adult.

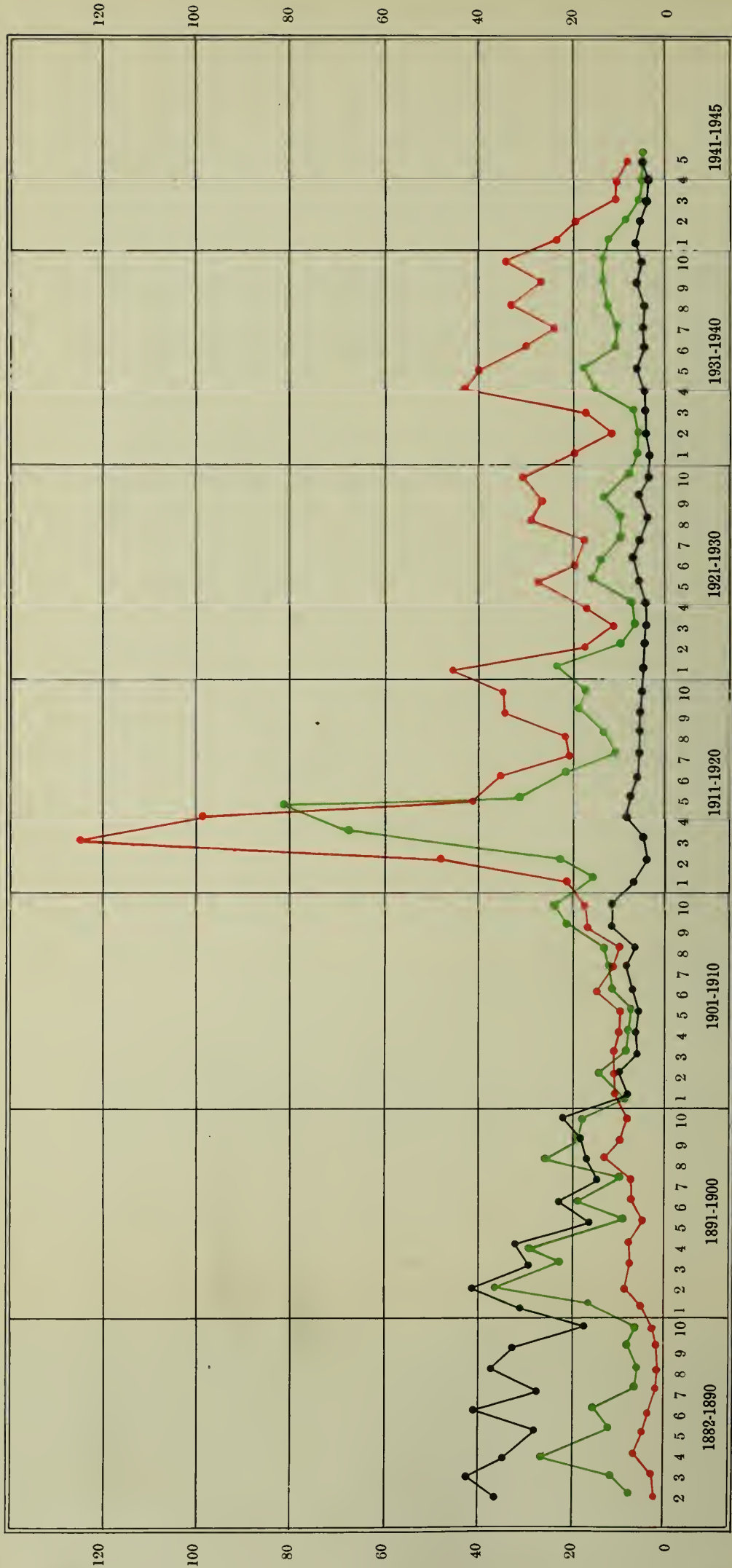
Of contacts examined bacteriologically, 2.5 per cent. of the swabbings gave positive findings, as compared with 1.8 per cent. in the decennium 1935-1944.

Reference should be made to a very informative chart relating to diphtheria—the attack incidence, the case-mortality, and the deaths per 100,000—in each of the years from 1882 to 1945.

Diphtheria Immunisation.

On 17th August, 1936, the Town Council authorised the re-introduction of a campaign in connection with active immunisation against diphtheria of children of school and pre-school ages.

The scheme embraced all school children up to the age of 14 years, and, in addition, facilities were extended for immunisation of pre-school children being carried out at the several Child Welfare Centres throughout the City, at Nursery Schools and at the Centre at the City Hospital.



DIPHTHERIA — { Attack Incidence (per 10,000 of population)
Case Mortality (per 100 cases)
Deaths per 100,000 of population } in each year 1882-1945.

In 1940, owing to the increasing prevalence of diphtheria all over the country, the Department of Health for Scotland insisted on all Local Authorities providing free facilities for immunisation of children against diphtheria. In their instructions, the Department of Health stated that, as from that date, the "two-shot" method of immunisation should be adopted. The procedure is for the child to get one immunising dose followed by a second immunising dose of equal or almost equal potency at the end of a month. It is held that protection against the disease is established about three months after the second inoculation.

At the end of June, 1945, 21,186 children of school age were known to have been fully immunised against diphtheria, *i.e.*, 80 per cent. of the children attending Primary and Secondary Schools, including Robert Gordon's College. In addition, 1,262 or 4.7 per cent. of children of school age were known to have been partially immunised (*i.e.*, have received one inoculation), so that at least 84.7 per cent. of the children in the schools have some degree of protection against diphtheria. To give a more accurate estimation of the number of immune children in Aberdeen there would require to be added an indefinite number who were immunised by private practitioners, and in respect of whom no records had been sent in.

With regard to pre-school children, the estimated pre-school population between the ages of 6 months and 5 years was 12,000. Up to 30th June, 1945, 3,003 or 25 per cent. of pre-school children were fully immunised, whereas 454 or 3.8 per cent. had received one inoculation.

As the conferred immunity is liable to wane with the passage of time, children who have been inoculated as pre-school children should have a further immunising inoculation when they enter school, and yet another between 8 and 9 years of age.

Inoculation is harmless to the child, and re-inoculation will, to a marked degree, decrease the likelihood of contracting the disease, and will carry the child through the susceptible years with a very strong promise of complete protection from diphtheria.

Dysentery.

In 1945, there were 331 notifications of this disease, as compared with an average of 212 in the decennium 1935-1944. There were 3 deaths in 1945, as against an average of 5 in the preceding decennium.

In April, 1945, an outbreak of milk-borne Sonne dysentery occurred in connection with a dairy situated in the outskirts of Aberdeen, where milk was bottled and distributed. The matter was investigated, and the following report was submitted by Dr. J. Smith, Regional Bacteriologist:—

MILK-BORNE OUTBREAK OF SONNE DYSENTERY IN ABERDEEN.

In this country outbreaks of dysentery due to *B. dysenteriae* Sonne, and conveyed by milk or milk products, have been of relatively infrequent occurrence. Those recorded are in Table 1.

This comparative infrequency is in marked contrast to the actual prevalence of the disease, a note on which appeared in the April issue of the *Bulletin* (Sutherland, 1945). It is very difficult to obtain a true picture of the incidence of bacillary dysentery since the majority of cases are neither investigated nor notified. Our records of proved cases of dysentery between 1929 and 1944 may, therefore, be of some interest and are given in Table 2.

It will be seen that the Sonne type of infection has been the most prevalent and that in 1938 and 1943 over five hundred individuals were proved to be suffering from this disease and that, during the whole period, there were over twice as many Sonne infections as there were Flexner ones.

In Table 3 the cases are distributed according to the month in which they occurred.

TABLE 1.—RECORDED CASES OF MILK-BORNE SONNE DYSENTERY IN BRITAIN.

Author.	Year.	Place.	Vehicle.	Number of Cases.	Number Exposed.	Source of Infection.
Fyfe	1927	Fifeshire	Milk	150	—	At farm.
Bowes	1938	Bedford	Milk	96	224	Obscure.
Savage	1933	Somerset	Ice Cream	130	—	During preparation.
Trimble and Brothwood	1938	Lancashire	Milk	21	86	Not determined.
Faulds	1942	Cumberland	Milk	43	72	Workers at farm.
Faulds	1943	Cumberland	Milk	120	—	Both farm and retail dairy

TABLE 2.—PROVED CASES OF BACILLARY DYSENTERY IN THE NORTH-EASTERN AREA, 1929-44 (INCLUSIVE).

Year.	Type of Infection.			Total.
	Flexner.	Sonne	Newcastle.	
1929	86	35	—	121
1930	50	59	—	109
1931	36	145	—	181
1932	51	98	—	149
1933	52	128	6	186
1934	38	24	1	63
1935	33	93	1	127
1936	17	95	5	117
1937	44	122	63	229
1938	27	599	35	661
1939	80	35	2	117
1940	196	85	7	288
1941	260	132	5	397
1942	127	377	184	688
1943	118	515	128	761
1944	47	161	13	221
	1,262	2,703	450	4,415

TABLE 3.—MONTHLY INCIDENCE OF BACILLARY DYSENTERY IN THE NORTH-EASTERN AREA BETWEEN 1929 AND 1944 (INCLUSIVE).

Month.	Type of Infection.			Total.
	Flexner.	Sonne.	Newcastle.	
January .	83	238	72	393
February .	103	235	52	390
March .	109	295	37	441
April .	142	226	13	381
May .	194	346	20	560
June .	78	198	9	285
July .	72	217	12	301
August .	78	254	48	380
September .	101	145	23	269
October .	89	139	36	264
November .	134	212	59	405
December .	79	198	69	346
	1,262	2,703	450	4,415

This shows a higher prevalence in the winter and spring months although the seasonal difference is at no time marked.

During the early months of the year there has again been an increased prevalence of bacillary dysentery. Laboratory examination of specimens of faeces received from hospitals and doctors in the North-Eastern Area had shown the following positive results:—

TABLE 4.—INDIVIDUAL DYSENTERY INFECTIONS.

1945.	Sonne.	Flexner.	Newcastle.	Total.
January .	15	—	—	15
February .	29	9	—	38
March .	80	10	—	90

On Friday, 6th, and Saturday, 7th April, 1945, it was observed that a number of specimens of faeces from patients in one residential area all showed the presence of *B. dysenteriae* Sonne. Enquiries were made and it was found that, without exception, all the patients received their milk supply from one retail dairy. The dairy was visited and the fact was established that three members of the dairyman's family and one adolescent male worker had had definite symptoms of mild dysentery between Saturday, 31st March, and Tuesday, 3rd April. The first member of the family to be affected was a grand-daughter of the dairyman, aged 2 years; the mother of this infant then contracted the disease, then the dairyman's wife and, finally, the youth, aged 17, employed to help with the distribution of the milk. The symptoms had not been severe, but all four individuals had suffered from abdominal pain and discomfort, nausea, and diarrhoea.

The dairy in question did not produce milk, but obtained a daily supply of 60 gallons in bulk from the Milk Marketing Board. The milk, which had already been pasteurised by the H.T.S.T. process, was bottled in the retail premises and then sold to the public as milk

from this particular dairy. At the time of the visit, the dairyman was about to bottle the bulk supply for next day's retail trade. The dairyman was forbidden to distribute any more milk and was ordered to return the milk for further pasteurisation. With the rationalisation of milk distribution, it is a comparatively easy matter to follow up and question the customers of a particular dairy. In this particular instance, the customers were confined to 17 streets in the west end of the City and on Monday, 9th April, several health visitors were given a questionnaire and told to visit and obtain particulars from each family who obtained their milk supply from the dairy.

Table 5 shows the distribution of the cases over 17 streets.

TABLE 5.—DISTRIBUTION OF CASES IN STREETS.

	Number of Families.	Total Inhabitants.			Number Ill.		
		Males.	Females.	Total.	Males.	Females.	Total.
Edgehill Road . . .	12	16	15	31	9	3	12
Edgehill Terrace . . .	16	20	30	50	7	14	21
Ord Street . . .	20	27	33	60	10	10	20
King's Cross Avenue . . .	7	7	8	15	2	5	7
King's Cross Road . . .	11	17	32	49	7	9	16
King's Cross Terrace . . .	2	4	2	6	2	2	4
Kingshill Terrace . . .	4	4	6	10	2	5	7
Westholme Avenue . . .	16	14	35	49	8	19	27
Anderson Drive . . .	4	3	8	11	1	4	5
Springfield Road . . .	5	5	15	20	2	8	10
King's Gate . . .	7	7	19	26	4	14	18
Kingshill Road . . .	5	7	6	13	7	5	12
Kingshill Avenue . . .	20	24	30	54	15	17	32
Woodhill Place . . .	3	4	7	11	3	6	9
Woodhill Terrace . . .	10	9	20	29	8	11	19
Westholme Crescent . . .	5	6	12	18	4	10	14
Northburn Avenue . . .	12	12	18	30	8	11	19
	159	186	296	482	99	153	252

The total population of 482 received on an average 1 pint of milk per day, and of these, 252 or 52·2 per cent. developed symptoms of infection, the distribution over both sexes being practically the same—53 per cent. of males and 51 per cent. of females.

The age distribution of the cases is given in Table 6.

TABLE 6.—AGE DISTRIBUTION.

Age Group.	All Inhabitants.	Dysentery Cases	Percentage Affected.
0—5	33	23	69·6
6—10	46	23	60·8
11—14	32	15	46·9
15—20	30	15	50·0
21 and over	341	171	50·1
	482	252	52·2

It should be noted that the bulk of the inhabitants in the affected area were adults, those under 10 years being only 16 per cent. of the population and those under 20 being 29 per cent., this being due to the fact that very many of the modern bungalows are occupied by elderly and retired individuals. The age distribution also shows that there was a slightly increased susceptibility amongst those under 10 years as compared with those over this age, since over 60 per cent. of those under 10 years developed the disease, but only 50 per cent. over this age were affected. This statement presupposes that the risk of infection was equally great in both groups, but this suggestion might be offset by the fact that children on the average received more of the affected milk.

Table 7 shows the incidence of cases from the 31st March to the 9th April.

TABLE 7.—DATE OF ONSET OF ILLNESS IN CASES.

	March.	April.								
Date	31	1	2	3	4	5	6	7	8	9
Number of Cases .	7	13	15	30	69	34	36	32	10	6

The maximum incidence increased until the 4th April, when 69 individuals were affected. Probably, also, some of the later cases were really secondary to those already infected in the same household, but, on the other hand, a few families were affected for the first time on the 7th, 8th, and 9th April. The distribution of the cases in the families is given in Table 8.

TABLE 8.—DISTRIBUTION OF CASES IN FAMILY GROUPS.

	Number of Cases per Family Group.					Total.
	1	2	3	4	5	
Number of Family Groups .	66	38	20	10	2	252
Total Cases	66	76	60	40	10	

The greatest number of cases was 5 in two instances, while in 10 families there were 4 cases.

As regards symptoms, the disease could not be called mild since many of the more elderly patients suffered quite severely for 4 or 5 days, with frequent loose stools containing blood and mucous, considerable fever, marked prostration, sickness, and nausea. Many of those less severely ill had simply a short period of abdominal discomfort and slight diarrhoea. There were no deaths.

During the course of the epidemic, specimens of fæces were obtained from 23 individuals in the early stages of the disease and all showed the presence of *B. dysenteriae* Sonne. Specimens were obtained from all 4 members of the dairyman's family and from the youth who helped. All specimens, with the exception of that obtained from the dairyman himself, were repeatedly positive, giving a profuse growth of dysentery bacilli. There can be no reasonable doubt, therefore, that pasteurised milk which had been received from the Milk Marketing Board had been contaminated in the dairy during the course of bottling.

Encephalitis Lethargica.

Only 2 cases of this disease were notified in the period 1940-1945. The cases were recorded in 1941 and 1942, and both related to female adults who had disease of long standing; both proved fatal.

Erysipelas.

There were 79 cases of erysipelas in 1945, as compared with an annual average of 113 during the 1935-1944 decennium. There were 2 deaths in 1945, as compared with an average of 3 deaths in the preceding decennium.

Infective Jaundice.

The following summary deals with the notifications and deaths since 1940:—

	1940.	1941.	1942.	1943.	1944.	1945.
Total Cases	13	17	10	6	4	4
Total Deaths	1	3	—	1	—	—
OCCUPATIONS:—						
Fishworkers or workers associated with fish trade	11	16 (2)	10	6 (1)	2	4
Labourer with Hide Company	1	—	—	—	—	—
Lithographic Printer	1 (1)	—	—	—	—	—
Night Watchman	—	1 (1)	—	—	—	—
Quarryman	—	—	—	—	1	—
Tractor Driver	—	—	—	—	1	—

Figures within brackets denote deaths.

Measles.

Compulsory notification of this disease in Aberdeen was discontinued in 1903. In Edinburgh there is still partial notification, the first case in each family being notifiable to the Medical Officer of Health.

In 1940, this disease appeared in epidemic form in September and continued into the first three months of 1941. To the end of the year 1940, 1,571 cases were reported and 12 deaths occurred, all in children under 5 years of age. In 1941, 4 deaths occurred in the month of January, 3 under 5 years of age and 1 of 12 years. The total number of cases coming within the knowledge of the Public Health Department during the year 1941 was 136.

In May, 1942, the disease again became epidemic and in that year 528 cases were notified, with 4 deaths, 3 occurring in children under 1 year and 1 in the 5-15 year age-period. This epidemic continued into the spring of 1943, in which year 501 cases were reported and 2 deaths occurred among children under 5 years of age.

In 1944, 245 cases were reported, but the disease was of a mild type and there were no deaths. The outbreak in 1944 occurred at the end of the year and continued into the spring of 1945. During 1945, 887 cases were reported, with 3 deaths, which deaths occurred in children under 3 years of age.

Ophthalmia Neonatorum.

During 1945, only 3 cases of this disease were notified. In the 1935-1944 decennium the average annual number of cases was 51. Additional information regarding this disease is given in the section dealing with the Maternity and Child Welfare Services.

Plague.

No cases.

Pneumonia, Acute Influenzal.

Of this disease, only 3 cases were notified in 1945. In 1943, when influenza was prevalent, 56 cases were notified, with 27 deaths.

Influenza, as distinct from influenzal pneumonia, is not compulsorily notifiable. The number of deaths registered in 1945 was 7, as compared with 20 in 1943.

Pneumonia, Acute Primary.

During 1945, 347 cases were notified. There were 34 deaths. During the preceding 10 years, the average annual number of cases was 475, the average annual number of deaths being 72.

Poliomyelitis, Acute Anterior (Infantile Paralysis.)

No cases of this disease were notified in 1945, but details of an outbreak which occurred in 1944 are herewith submitted. Between the months of July and September of that year no fewer than 20 cases were notified, including 5 cases belonging to areas outwith the City of Aberdeen. During the same period 20 cases also occurred in widely separated districts in the County of Aberdeen, and 3 occurred in the County of Kincardine.

The outbreak was, therefore, one of some severity, affecting as it did the North-East area of Scotland.

The following table shows the age and sex of the 20 notified cases:—

	Under 2 yrs.	2—5 yrs.	5—15 yrs.	30—45 yrs.
Male	2 (1)	5 (1)	1 (1)	2 (1)
Female	3	—	6 (1)	1

The figures in brackets indicate cases where diagnosis was made in institutions in Aberdeen, but the usual residence was outwith the City.

Type of Disease.—In 10 cases, the paralysis affected the lower limbs, in 5 it was confined to upper limbs, and in 3 cases both upper and lower limbs were affected. With one exception, all the cases were treated in hospital. The cases have been kept under supervision and treatment where necessary.

Mortality.—Of the 20 notified cases, there were 4 deaths in 1944 and 1 in 1945. Three of the deaths occurred among cases with usual residence outwith Aberdeen. The other two deaths occurred in a child of 11 months and in a male adult.

Puerperal Fever and Puerperal Pyrexia.

During 1945, 41 cases of puerperal fever and puerperal pyrexia were brought to the notice of the department.

Puerperal Fever.

Among 37 confirmed cases of puerperal fever notified in 1945, 2 deaths occurred. The average annual number of cases and deaths in the preceding ten years were 46 and 4 respectively.

Puerperal Pyrexia.

Of the total puerperal cases notified, 4 were ultimately classified as cases of puerperal pyrexia. In the preceding ten years, the average annual number of cases was 33.

For further details regarding puerperal fever and puerperal pyrexia, reference should be made to the section of the report dealing with the Maternity and Child Welfare Services.

Scabies.

A total of 2,457 persons was treated in 1945 for scabies or other skin affections at the City Hospital Cleansing Station, as compared with an annual average of 4,239 in the preceding five years. Reference to the Cleansing Station, which was erected in 1941, is made on page 15.

Scarlet Fever.

In 1945, 316 cases were notified, as against an average of 501 in the preceding ten years. The disease in 1945 was of a mild type, there being no deaths.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Vaccinia.

In 1945, the proportion of children escaping vaccination under the Conscientious Objection Clause of the Vaccination (Scotland) Act, 1907, was 8 per cent.

Tuberculosis.

There were notified in 1945, 255 cases of tuberculosis—207 of pulmonary and 48 of non-pulmonary tuberculosis—as compared with an annual average of 127 cases of pulmonary tuberculosis and 59 non-pulmonary cases in the preceding decennium.

Of 85 deaths in 1945, 70 were due to pulmonary tuberculosis, 15 to non-pulmonary tuberculosis, as against 75 and 24 respectively in the preceding decennium. A detailed analysis of the cases and deaths from tuberculosis in Aberdeen is given in the section relating to Tuberculosis Services.

Typhoid and Paratyphoid Fevers.

One case of typhoid fever and 6 of paratyphoid B. fever were notified in 1945. All received institutional treatment. There were no deaths.

Typhus Fever.

No cases.

Venereal Diseases.

A detailed analysis of these cases is given in the appropriate section.

Whooping Cough.

During 1945, 195 cases were reported, with 4 deaths, as against an average of 322 cases and 9 deaths in the preceding decennium. Three of the deaths in 1945 occurred in children under 1 year of age,

CHAPTER II.

SPECIAL HEALTH SERVICES.

MUNICIPAL HOSPITAL SERVICES.

(a) Woodend Hospital and Summerfield Hospital.

During the war many changes were effected. Perhaps the most important was the extension of facilities for the institutional accommodation of service patients. When war broke out, instructions were issued by the Department of Health for Scotland that the tuberculous patients in the Special Block of Woodend Hospital, and as many of the other patients as possible, should be dispersed, most of them to their homes. This instruction was given because it was expected that, when war was declared, there would be many air casualties. But, for the first nine months of the war there were no such casualties, and the "active" tuberculous patients gradually filtered back to the hospital.

The total number of beds at Woodend Hospital was 340, and the number available at Summerfield Hospital was 28. During the whole period under review, Summerfield Hospital was allocated partly to chronic sick and partly to maternity cases.

The following table records the admissions and deaths during the years 1940 to 1945:—

WOODEND AND SUMMERFIELD HOSPITALS—YEARS 1940-1945—ADMISSIONS AND DEATHS.

	1945.	1944.	1943.	1942.	1941.	1940.	Aver. 1940-1944
A. GENERAL HOSPITAL.							
Surgical and Medical { Cases	1,851	1,836	2,068	1,857	1,839	1,676	1,855
Deaths	264	270	293	242	272	273	270
Gynæcological { Cases	433	392	377	386	402	314	374
Deaths	—	3	5	17	12	3	8
Total { Cases	2,284	2,228	2,445	2,243	2,241	1,990	2,229
Deaths	264	273	298	259	284	276	278
B. SPECIAL HOSPITAL.							
Tuberculosis—							
(a) Respiratory ... { Cases	221	183	206	232	182	94	179
Deaths	14	30	10	26	19	14	19
(b) Other Tub. ... { Cases	120	107	129	114	115	136	120
Deaths	3	9	5	2	6	8	6
Rickets and Ortho- { Cases	—	1	—	4	12	6	5
pædic { Deaths	—	—	—	—	—	—	—
Total { Cases	341	291	335	350	309	236	304
Deaths	17	39	15	28	25	22	25
Total A and B { Cases	2,625	2,519	2,780	2,593	2,550	2,226	2,533
Deaths	281	312	313	287	309	298	303
Average Daily No. of Patients	331	325	345	325	313	272	316

Treatment of Pneumonia.—During 1945, 126 cases of pneumonia, including 5 cases from the County of Aberdeen and from other Counties, were admitted to Woodend Hospital. There were 15 deaths—all City cases. In the preceding five years, the average annual number of cases admitted was 142, including 15 from outside areas, and the average number of deaths was 21, including 3 from other areas.

X-Ray Department.—In February, 1939, a fire took place in the X-Ray Department of Woodend Hospital, resulting in the destruction of part of the building and a portion of the x-ray plant. It became evident that, from the point of view of safety, the plant should be housed in a separate building.

In the beginning of 1940, the Medical Officer of Health and the City Architect submitted a report in regard to the operating theatre accommodation at Woodend Hospital. It was explained that the Department of Health for Scotland were considering the question of the erection of twin theatres of a temporary construction to meet the needs of Woodend and Oldmill Hospitals, and the Public Health Committee ultimately considered that it would be in the best interests of the hospitals, having regard to emergency and peace-time needs, to build twin theatres of permanent construction. Ultimately, an annexe was built to Woodend Hospital, which comprises both the twin theatres and an up-to-date X-Ray Department.

The X-Ray Department at Woodend Hospital has functioned with greatly increasing activity. The peak of the war years was reached in 1944, when no fewer than 13,058 films were taken.

Operations.—The total number of operations performed during 1945 was 2,274, which includes pneumothorax inductions and refills; of this total, 774 operations were performed under general or spinal anaesthesia. In the preceding five years, the average total number of operations performed was 2,078, including 640 under general or spinal anaesthesia.

The arrangement made in June, 1929, with the Directors of the Aberdeen Royal Infirmary, whereby cases from the waiting lists of that institution are admitted to Woodend Hospital as accommodation permits, continues to operate. During 1945, under this arrangement, 208 general surgical cases were dealt with, as compared with an average of 207 cases in the quinquennium 1940-1944. The number of medical cases admitted from the Infirmary was relatively small.

(b) Oldmill Hospital.

At the outbreak of war, the Public Assistance cases were evacuated from Oldmill Hospital and were accommodated in the Central School, where the medical administration continued as formerly. Oldmill Hospital became a hospital under

the Emergency Hospital Scheme, and continued so to function until 1st November, 1945. Immediately prior to that date, the Department of Health for Scotland had under review the changing needs of the Emergency Hospital Scheme, and the extent to which accommodation was then required, and they decided that, in view of the diminishing requirements of the Scheme and the strong claims for the reversion of Oldmill Hospital to its normal peace-time functions, the Hospital should be excluded from the Scheme. The Public Assistance cases were then returned to Oldmill Hospital.

In the grounds of Woodend-Oldmill Hospital an existing store was converted into a Decontamination Centre for gas casualties, but, fortunately, it had never to be used for this purpose. At the entrance to the Hospital, the premises that, in peace-time, were used chiefly for office purposes, were converted into a filter First-aid Post.

(c) Hutted Annexe, Woodend Hospital.

In March, 1940, the Secretary to the Department of Health for Scotland informed the Local Authority that the Department had had under consideration the question of the need for additional bed accommodation under the Emergency Hospital Scheme, and had decided that it would be desirable to provide an annexe with 200 beds at Woodend Hospital. The annexe would be built on the ground north of Woodend Hospital, would consist of five ward huts, each containing 40 beds, an operating theatre, and a storage hut. In 1941, these huts were erected, and on 31st May of that year, the Department of Health transferred the huts to the Local Authority for management and administration, and the Ministry of Works undertook to maintain the huts in necessary repair and to carry out periodical painting, &c. The Department stated that all expenditure reasonably incurred in managing the huts would be met by them. Each hut is heated by stoves. The walls are of unfinished brick. Accommodation was provided for staff. During the war years they proved very useful, but at no time could they have been said to be able to accommodate 200 patients. With adequate bed spacing, the optimum number was 140. In the post-war period it is proposed to smooth plaster the walls of the huts, to heat them centrally and to cubicolise them. By dividing the huts into cubicles, the bed accommodation will be reduced to approximately 90. The most useful purpose to which these huts could be put would be the accommodation of tuberculous patients.

(d) City Hospital.

An up-to-date Cubicle Isolation Block, with accommodation for 30 patients, was opened on 16th November, 1940.

The total number of beds available in the City (Fever) Hospital is 320, but, as in every Infectious Diseases Hospital, the wards are not earmarked definitely for any particular disease, the allocation of wards depending on the incidence of epidemics.

The admissions to the City Hospital during the years 1940-1945 are shown in following Tables—(A) relating to all cases, and (B) cases from areas outside City.

The total admissions in 1945 amounted to 2,599, as compared with an average of 2,546 in the 1940-1944 quinquennium.

In 1940, the average daily number of patients was 215; in 1945, it had fallen to 199.

ABERDEEN CITY HOSPITAL—ANNUAL SUMMARY, 1945.

(A) *Total Admissions and Deaths during each Year from 1940 to 1945 inclusive.*

DISEASE.	1945.	1944.	1943.	1942.	1941.	1940.	Aver- 1940-1944.
Cerebro-spinal	Admitted 35	20	41	52	104	149	73·2
Fever	Died .. 2	2	13	8	10	22	11·0
Diphtheria	Admitted 150	165	185	395	409	613	353·4
	Died	9	8	18	21	22	15·2
Dysentery	Admitted 132	67	193	220	202	65	149·4
	Died	6	3	5	7	3	4·2
Erysipelas	Admitted 48	22	35	44	29	56	37·2
	Died	1	1	1	0	1	0·6
Infective	Admitted 3	2	5	6	15	8	7·2
Jaundice ...	Died	1	0	0	2	0	0·6
Measles and	Admitted 124	102	115	71	55	254	119·4
German Measles	Died	4	1	1	2	9	2·6
Ophthalmia	Admitted 2	9	3	5	5	7	5·8
Neonatorum	Died	0	0	0	0	0	0·0
Pneumonias,	Admitted 159	208	226	168	169	191	192·4
Acute	Died	17	22	19	14	25	19·2
Poliomyelitis	Admitted 2	26	4	1	5	4	8·0
Acute	Died	1	1	0	0	0	0·6
Puerperal Fever	Admitted 71	59	96	79	89	98	84·2
and Pyrexia	Died	1	2	2	3	2	2·0
Scarlet Fever ...	Admitted 265	162	187	169	165	238	184·2
	Died	0	1	0	0	0	0·2
Smallpox	Admitted 0	0	0	0	0	0	0·0
	Died	0	0	0	0	0	0·0
Tuberculosis ...	Admitted 223	179	112	66	68	64	97·8
	Died	43	26	27	37	30	32·0
Typhoid & Para-	Admitted 11	5	3	7	21	29	13·0
typhoid Fevers	Died	1	0	1	0	1	0·4
Whooping	Admitted 33	39	29	40	40	48	39·2
Cough ...	Died	2	2	5	6	8	4·6
Venereal	Admitted 84	66	99	83	69	44	72·2
Diseases	Died	—	2	0	1	0	1·0
Ailing Infants ...	Admitted 118	148	144	153	177	135	151·4
	Died	8	13	11	24	23	18·0
Miscellaneous	Admitted 1,139	977	1,282	986	846	699	958·0
Cases	Died	47	53	50	45	30	45·6
Admitted	2,599	2,256	2,759	2,545	2,468	2,702	2,546·0
Died	143	144	149	148	172	176	157·8
Aver. Daily No. of Patients	199	203	184	209	184	215	199

(B) *Admissions from Areas outwith the City.*

DISEASE.		1945.	1944.	1943.	1942.	1941.	1940.	Aver. 1940-1944.
Cerebro-spinal	{ Admitted	13	8	24	26	55	53	33·2
Fever	{ Died	1	2	5	5	6	9	5·4
Diphtheria	{ Admitted	8	5	21	52	26	30	26·8
	{ Died	0	1	0	2	2	2	1·4
Dysentery	{ Admitted	16	20	50	51	100	12	46·6
	{ Died	3	0	2	0	1	1	0·8
Erysipelas	{ Admitted	5	4	1	2	7	13	5·4
	{ Died	0	0	1	1	0	0	0·4
Measles	{ Admitted	19	16	26	13	13	26	18·8
	{ Died	0	0	0	0	0	0	0·0
Ophthalmia	{ Admitted	1	4	0	2	4	3	2·6
Neonatorum	{ Died	0	0	0	0	0	0	0·0
Pneumonias,	{ Admitted	19	13	13	16	14	22	15·6
Acute	{ Died	4	2	1	11	3	6	4·6
Poliomyelitis, ...	{ Admitted	2	12	3	1	3	3	4·4
Acute	{ Died	0	1	1	0	0	0	0·4
Puerperal Fever	{ Admitted	31	18	40	26	38	35	31·4
and Pyrexia	{ Died	0	1	1	0	2	0	0·8
Scarlet Fever ...	{ Admitted	6	3	18	8	12	28	13·8
	{ Died	0	0	0	0	0	0	0·0
Tuberculosis ...	{ Admitted	43	67	28	6	13	13	25·4
	{ Died	10	11	5	5	10	10	8·2
Typhoid & Para-	{ Admitted	3	1	2	5	8	17	6·6
typhoid Fevers	{ Died	0	0	0	1	0	1	0·4
Whooping	{ Admitted	2	0	8	6	6	3	4·6
Cough ...	{ Died	0	0	1	0	2	2	1·0
Venereal	{ Admitted	50	47	72	64	48	33	52·8
Diseases ...	{ Died	0	1	1	0	0	0	0·4
Ailing Infants ...	{ Admitted	30	30	24	28	37	17	27·2
	{ Died	2	5	3	4	9	3	4·8
Miscellaneous	{ Admitted	262	201	349	224	313	159	249·2
Cases	{ Died	12	16	10	13	11	10	12·0
Admitted		510	449	679	530	697	467	564·4
Died		32	40	31	42	46	44	40·6

X-Ray Department.—The number of attendances during 1945 was 4,188, as compared with an average of 2,530 during the quinquennium 1940-1944.

Operations.—The total number of operations performed at the City Hospital during 1945 was 484; of this total, 415 operations were performed under general or spinal anæsthesia. In the preceding five years, the average total number of operations performed was 292, including 215 under general or spinal anæsthesia.

Treatment of Scabies Cases at Cleansing Centre.—Towards the end of 1941, it became evident that the existing accommodation at the City Hospital for the treatment of scabies had become totally inadequate. It was recommended that a hut of the temporary type should be erected for this purpose. This hut was duly erected, and, in addition to scabies cases being treated, provision was also made for the cleansing of verminous school children and their families. In 1945, a total of 2,457 persons was treated for scabies or other skin affections, as compared with an annual average of 4,239 in the preceding five years. The number of verminous persons disinfested in 1945 was 175, as against an average of 188 in the 1940-1944 quinquennium.

TUBERCULOSIS SERVICES.

Tuberculosis Allowances.

When lung tuberculosis has been diagnosed, early treatment is essential, but many working men are reluctant to cease work on account of financial loss. In April, 1943, the Department of Health for Scotland issued a circular dealing with the payment of special maintenance allowances to pulmonary cases during treatment either at home or in institutions, so that they might be relieved of financial anxiety. Psychologically, the scheme is excellent.

These allowances are met by the Local Authority, which makes payment to the patient while he is undergoing treatment, provided that he follows a course of treatment prescribed by the Tuberculosis Medical Officer. The money so expended by Local Authorities is reimbursed by the Government.

There are three kinds of payments—

- (1) *Maintenance Allowances*, based on a standard scale, and without any test of means;
- (2) *Discretionary Allowances* on proof of need, towards meeting standing charges—such as high rent or rates, hire-purchase instalments, insurance premiums, and school fees—in cases where the patient would be unable to meet these liabilities; and
- (3) *Special Payments* to meet certain special circumstances, *e.g.*, provision of domestic help, and, in the case of persons without dependants, to provide pocket money not exceeding 5s. a week, and assistance in respect of any reasonably continuing charges for rent, rates, &c., provided that the applicant is unable to meet the charges from National Health Insurance benefit or other resources.

It is felt by many that it is regrettable that these allowances and grants may be given only to persons who are suffering from lung tuberculosis and who, within a limited period, may be expected again to enter the ranks of the wage-earners. No allowances may be given to persons suffering from non-pulmonary tuberculosis.

Mass Miniature Radiography.

X-rays have been used in the detection of pulmonary tuberculosis for over twenty-five years, and, within the past few years, apparatus has been improved to such an extent that the earliest signs of disease of the lungs can be detected with a considerable degree of certainty. Mass radiography means the routine x-ray examination of selected groups of apparently healthy individuals.

This method of examination was used extensively during the war in the case of recruits to the Royal Air Force, the Canadian Army, the Australian Imperial Forces, and the United States Army.

In the end of 1942, the Medical Research Council issued a Report on "Tuberculosis in War Time." In that Report, it was pointed out that the value of the routine radiography of sections of the population rests on the fact that

x-ray evidence of an early lung disease usually precedes the actual symptoms by a considerable interval. By this method, the diagnosis of the disease can be made at a relatively early stage, when the prospects of successful treatment are good. Generally speaking, the earlier the diagnosis in lung tuberculosis, the greater are the prospects of recovery. This method can, with success, be employed in the case of persons engaged in factory work, in respect of whom periodic examinations should be made.

In mass radiography, a small film, roughly the size of a postage stamp, is taken and is projected on to a screen. If there are any suspicious signs, full clinical and radiological examinations should be made.

A suspected case should be retained in an institution for seven to ten days, and the investigation should include a record of the pulse and temperature, and an estimation of the blood sedimentation rate; every effort should be made to obtain a positive bacteriological result. If no sputum is obtainable, the fasting gastric contents or laryngeal swabs should be examined for tubercle bacilli.

By the mass radiography method, as many as three to four hundred cases can be examined in a forenoon.

Mass radiography requires a considerable degree of organisation. The number of units available is few, and a special team has to be employed. In peacetime, this method of examination could be used extensively in the case of entrants to industry, and in children of school-leaving age.

The apparatus is costly and there are only three teams operating in Scotland, viz., in Edinburgh, Glasgow, and Lanarkshire. It is likely that in the near future one apparatus will be shared by Aberdeen, Dundee, and surrounding counties. The apparatus is transportable and can be carried in a van and set down in a room in a factory or school, or may be fixed in the van and operated there.

Mortality.

It has to be pointed out that, during the war years, the civilian population only is dealt with, and deaths of service cases are excluded.

The deaths from pulmonary tuberculosis and other forms of tuberculosis during the six years under review were as follows:—

	Pulmonary.	Other.	Total.
1945	70	15	85
1944	77	33	110
1943	74	26	100
1942	76	31	107
1941	80	23	103
1940	87	18	105
1940-1944 quinquennium	79	26	105

As regards the number of deaths from pulmonary tuberculosis at the various age-periods, it is seen from the following analysis that in 1945 the most noticeable decline was in age group 45-55, the number of deaths in 1945 being 6, as compared with an average of 13 in the quinquennium 1940-1944.

DEATHS FROM PULMONARY TUBERCULOSIS, 1945; AVERAGE, 1940-44.

	1945.	Aver. 1940-44.		1945.	Aver. 1940-44.
Under 1 year . . .	1	0·2	45-55 years . . .	6	13·0
1-5 years . . .	0	1·0	55-65 „ . . .	9	7·8
5-15 „ . . .	1	3·0	65-75 „ . . .	4	5·4
15-25 „ . . .	16	15·4	Over 75 years . . .	0	1·0
25-35 „ . . .	17	19·0		—	—
35-45 „ . . .	16	13·0		70	79·0
				==	==

The following is an analysis of deaths from other forms of tuberculosis:—

DEATHS FROM OTHER TUBERCULOSIS, 1945; AVERAGE, 1940-44.

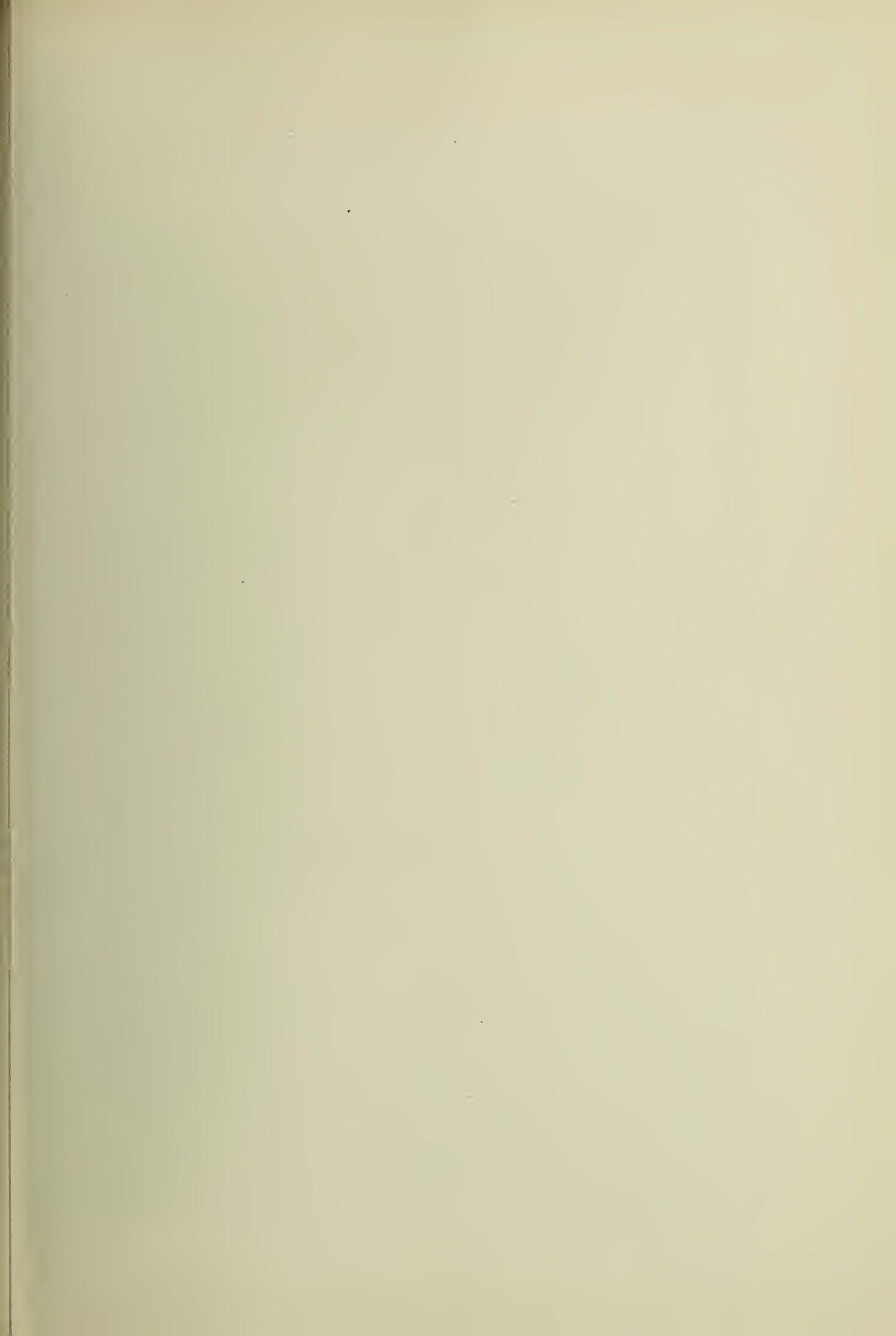
	1945.	Aver. 1940-44.		1945.	Aver. 1940-44.
Under 1 year . . .	0	1·0	45-55 years . . .	1	2·0
1-5 years . . .	4	5·8	55-65 „ . . .	0	2·0
5-15 „ . . .	3	4·2	65-75 „ . . .	3	1·4
15-25 „ . . .	4	6·0	Over 75 years . . .	0	0·0
25-35 „ . . .	0	1·8		—	—
35-45 „ . . .	0	2·0		15	26·2
				==	==

The death-rates (per 1,000) from tuberculosis for Scotland and in the four large cities for the year 1945, as also the average rates for the quinquennium 1940-1944, are given in the following table:—

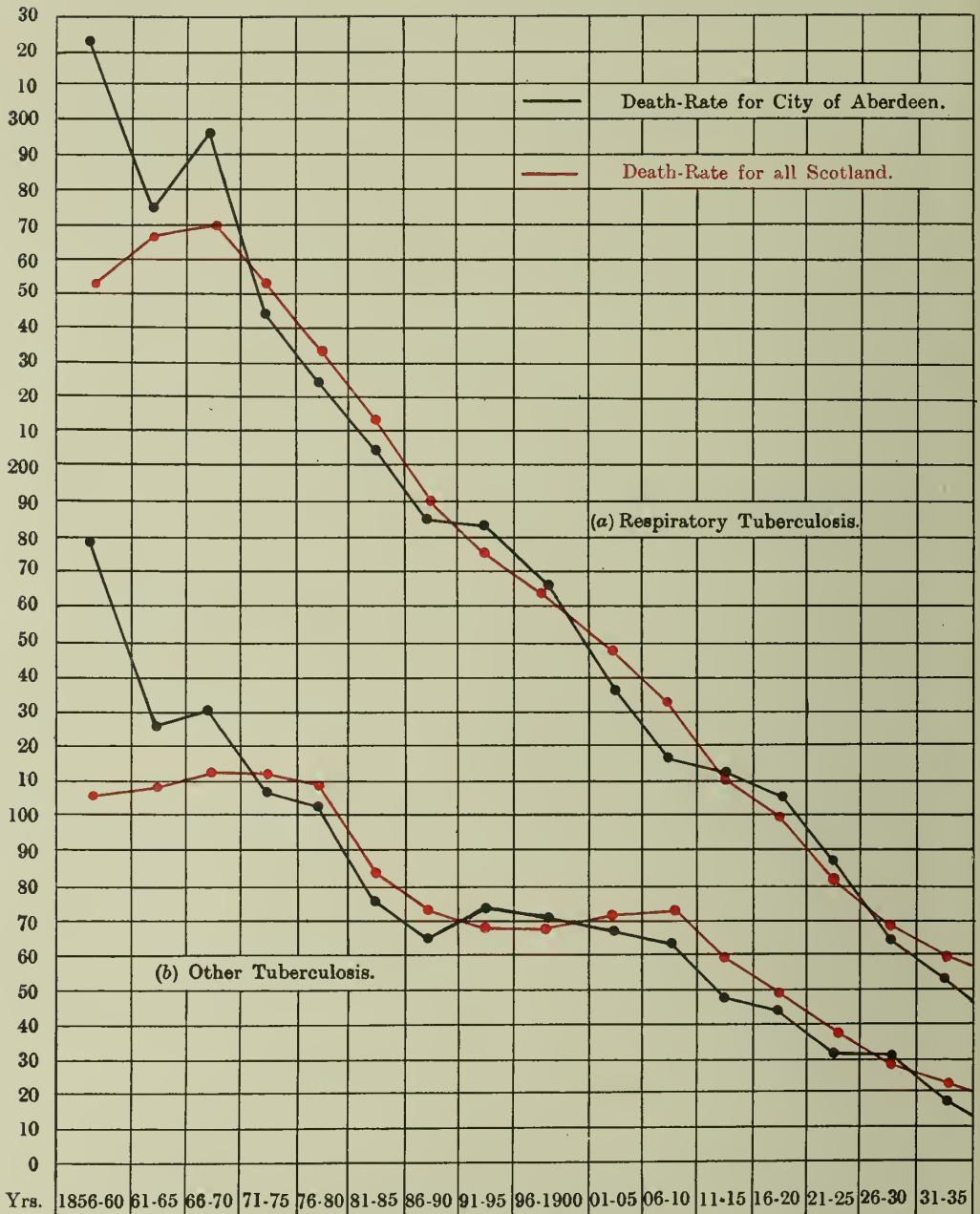
	1945.			Average 1940-1944.		
	TOTAL.	Resp.	Other.	TOTAL.	Resp.	Other.
All Scotland . . .	0·79	0·60	0·19	0·82	0·62	0·20
Glasgow . . .	1·28	1·03	0·25	1·32	1·03	0·29
Edinburgh . . .	0·69	0·51	0·18	0·86	0·70	0·16
Dundee . . .	0·86	0·68	0·18	0·89	0·68	0·21
Aberdeen . . .	0·52	0·43	0·09	0·64	0·48	0·16

The accompanying Chart shows the death-rates since 1856-60, together with comparison between Aberdeen and all Scotland.

In 1939, the death-rate from all forms of tuberculosis in Aberdeen per 100,000 of population was 47, which was the lowest rate ever recorded in Aberdeen. Since then the rate has risen considerably, reaching its height in 1944, when the rate was 69 per 100,000. In 1945, the rate dropped to 52, which is the lowest death-rate among the principal towns, and is also lower than the rate for all Scotland. As will be seen from above table, Aberdeen also stands first in relation to the average rates for the quinquennium 1940-1944.



Deaths per 100,000 of Population. (Estimated)



(a) RESPIRATORY TUBERCULOSIS.														
Abdn.	322	274	298	243	223	204	184	181	167	138	116	111	106	88
All Scot.	253	266	270	254	234	213	190	175	166	148	131	110	99	81
(b) OTHER TUBERCULOSIS.														
Abdn.	179	128	130	107	101	74	67	72	70	69	61	49	43	31
All Scot.	104	109	112	111	109	83	71	68	69	70	73	59	48	36

(Corrected for transferred deaths in 1904 and subsequent years.)



The death-rate from pulmonary tuberculosis in 1945 was 43 per 100,000, as compared with a rate of 48 in quinquennium 1940-1944. The death-rate in 1945, though lower than the rate in quinquennium 1940-1944, exceeded the death-rate in 1938 and 1939; the rate for each of these years being 38 per 100,000. As compared with other towns and for all Scotland, the Aberdeen rates in 1945 and for quinquennium 1940-1944 were lowest.

As regards the mortality from tuberculosis other than pulmonary, the rate in 1945, namely, 9 per 100,000, was similar to the rate in 1939 and 1936, and this rate of 9 is a record low figure. In quinquennium 1940-1944, Aberdeen and Edinburgh had similar rates, namely, 16 per 100,000.

Notifications.

Table A gives the number of tuberculous cases notified during 1945, and also the average number in quinquennium 1940-1944. These are divided into pulmonary and non-pulmonary and arranged according to sex and age-period.

TABLE A.—ABERDEEN.—CASES OF TUBERCULOSIS NOTIFIED IN 1945 : AVERAGE 1940-1944.

	NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS.									Number of Cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	AGE-GROUPS.										
	Under 5.	5- 10.	10- 15.	15- 25.	25- 35.	35- 45.	45- 65.	65 up- wards.	TOTAL.	Under 15.	15 and upwards.
PULMONARY.											
1945 Males	2	5	3	33	30	24	22	6	125	7	112
Average 1940-44 Males ...	1	1	2	18	19	16	22	4	83	3	72
1945 Females	1	—	7	35	23	9	5	2	82	4	73
Average 1940-44 Females	0·2	1	3	30	17	7	6	1	65	3	55
NON-PULMONARY.											
1945 Males	3	3	3	3	3	2	1	1	19	8	6
Average 1940-44 Males ...	6	6	5	8	2	2	1	1	31	9	8
1945 Females	4	2	2	8	7	1	2	3	29	5	8
Average 1940-44 Females	6	6	5	7	2	2	1	1	30	9	8
PULMONARY AND NON PULMONARY.											
1945 Male and Female.....	10	10	15	79	63	36	30	12	255	24	199
Aver. 1940-44 Male & Female	13	14	15	63	40	27	30	7	209	24	143

The increase in pulmonary tuberculous cases in 1945, as compared with preceding five years, is most noticeable among males in the three age-groups 15-25; 25-35; and 35-45.

During 1945, 207 cases of pulmonary tuberculosis were notified, as against an annual average of 148 in the preceding quinquennium. The increase in the number of notifications of pulmonary tuberculosis in 1945 compared with the preceding quinquennium is interesting, especially in view of the evidence that there has been no corresponding increase, but, in fact, a decrease in the mortality.

There were 48 cases of other forms of tuberculosis notified in 1945, as compared with an annual average of 61 in the preceding five years. As has already been stated, the number of deaths from non-pulmonary tuberculosis had decreased in 1945, so that, as regards other forms of tuberculosis, both the morbidity and mortality rates have fallen.

As regards the **Site of the Disease**, in the 48 cases notified as suffering from tuberculosis other than respiratory during 1945, 8 cases were suffering from abdominal tuberculosis; 6 from tuberculous meningitis; 16 from tubercle of bones and joints, including the spine; 3 from tuberculous glands; 6 from lupus; and 9 cases from generalised and other tuberculosis. The average corresponding figures for the 1940-1944 quinquennium were:—abdominal tuberculosis, 9 cases; tuberculous meningitis, 11 cases; tubercle of bones and joints, 14 cases; tuberculous glands, 16 cases; 3 lupus cases; generalised and other tuberculosis, 8 cases.

As regards the number of cases notified during the year 1945 in which diagnosis of tuberculosis was confirmed by the Tuberculosis Medical Officer, Table A shows that the diagnosis was confirmed in 196 pulmonary and in 27 non-pulmonary cases, a total of 223 cases. In the preceding five years, the corresponding figures were 133 pulmonary cases and 34 non-pulmonary cases.

Table B shows the number of persons belonging to Aberdeen at 31st December, 1945, who were known to be suffering from tuberculosis. The numbers were 649 pulmonary cases and 164 non-pulmonary cases, a total of 813 cases.

B.—NUMBER OF PERSONS BELONGING TO ABERDEEN AT 31ST DECEMBER, 1945, WHO
WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

		NUMBER OF KNOWN CASES.								TOTAL.
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and up- wards.	
PULMONARY.										
1. Sputum not present	{ Males ...	1	4	3	16	1	2	—	—	21
	{ Females	—	—	5	7	5	—	—	—	17
2. Sputum present but not examined	{ Males ...	—	—	—	—	—	—	—	—	—
	{ Females	—	—	—	—	—	—	—	—	—
3. Sputum examined and tubercle bacilli found	{ Males ...	—	1	—	55	65	72	66	5	264
	{ Females	—	—	—	66	74	42	17	1	200
4. Sputum examined and tubercle bacilli never found	{ Males ...	—	—	1	21	18	16	23	2	81
	{ Females	—	—	1	26	12	15	11	1	66
TOTAL		1	5	10	185	175	147	117	9	649
NON-PULMONARY.										
1. Abdominal	{ Males ...	—	4	4	4	—	—	—	—	12
	{ Females	1	1	1	5	2	3	1	—	14
2. Spine	{ Males ...	—	1	—	6	2	1	4	—	14
	{ Females	—	3	6	5	4	3	1	—	22
3. Bones and joints (exclusive of spine)	{ Males ...	1	6	3	7	1	3	2	—	23
	{ Females	1	1	3	7	3	1	2	1	19
4. Superficial glands	{ Males ...	3	5	3	5	1	1	—	—	18
	{ Females	1	2	2	1	1	1	—	—	8
5. Lupus	{ Males ...	—	—	1	1	3	2	3	—	10
	{ Females	—	1	—	1	1	4	3	1	11
6. Other parts or organs	{ Males ...	—	3	—	—	1	4	—	—	8
	{ Females	—	—	—	1	1	3	—	—	5
TOTAL		7	27	23	43	20	26	16	2	164
PULMONARY AND NON-PULMONARY TOTAL		8	32	33	228	195	173	133	11	813

Table C gives particulars of those who died during the years 1940-1945, detailing the period which elapsed between notification and death, and between discharge from an institution and death.

C.—NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN ABERDEEN, WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH—YEARS 1945; AVERAGE, 1940-1944.

	PULMONARY.		NON-PULMONARY.	
	Males.	Females.	Males.	Females.
Number of Persons who died from Tuberculosis .	* 40 (46)	* 31 (34)	* 3 (12)	* 11 (13)
of whom—				
Not notified or notified only at or after death .	4 (7)	1 (4)	— (5)	5 (5)
Notified less than 1 month before death .	1 (5)	1 (3)	1 (3)	5 (4)
„ from 1 to 3 months „ „ .	1 (5)	1 (5)	2 (1)	— (1)
„ „ 3 to 6 „ „ „ .	3 (2)	3 (4)	— (0·4)	— (0·2)
„ „ 6 to 12 „ „ „ .	3 (2)	3 (4)	— (1)	— (1)
„ „ 1 to 2 years „ „ .	5 (6)	7 (2)	— (1)	1 (0·4)
„ over 2 years	23 (19)	15 (12)	— (1)	— (2)
TOTAL	40 (46)	31 (34)	3 (12)	11 (13)
Number who died within 28 days after discharge from an institution	— (0·4)	1 (1)	— (0·2)	— (0·4)
Number who died more than 28 days after discharge from an institution	9 (14)	10 (6)	— (1)	— (1)

* Average, 1940-1944—Figures in brackets.

Institutional Treatment.

Table D gives the number of cases who received treatment under the Tuberculosis Scheme in sanatoria or other institutions during years 1940-1945.

D.—NUMBER OF CASES WHICH RECEIVED TREATMENT UNDER THE TUBERCULOSIS SCHEME IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEARS 1940-1945.

		YEAR.						Aver. 1940-1944.	
		1945.	1944.	1943.	1942.	1941.	1940.		
PULMONARY.									
Adults .	{ Males ...	{ Adm. .	128	118	106	102	66	52	88
		{ Died ..	23	26	24	22	25	26	25
	{ Females	{ Adm. .	92	92	79	69	74	65	76
		{ Died...	17	23	15	21	29	17	21
Children	{ Males ...	{ Adm. .	9	5	6	3	2	2	4
		{ Died...	1	1	2	3	—	—	1
	{ Females	{ Adm. .	6	3	8	4	1	3	4
		{ Died...	--	2	1	1	1	2	1
NON-PULMONARY.									
Adults .	{ Males	{ Adm. .	15	15	24	16	24	16	19
		{ Died...	1	8	5	4	1	3	4
	{ Females	{ Adm. .	16	8	17	14	14	17	14
		{ Died ..	7	6	7	3	2	3	4
Children	{ Males ...	{ Adm. .	14	30	33	19	17	15	23
		{ Died...	3	7	8	4	3	4	5
	{ Females	{ Adm. .	21	22	8	10	10	20	14
		{ Died...	4	4	2	3	3	3	3
TOTAL		{ Adm. .	301	293	281	237	208	190	241
		{ Died ..	56	77	64	61	64	58	64

In 1945, 277 cases of all forms of tuberculosis were admitted to indoor institutional treatment, excluding 24 cases that had received treatment in two institutions. The net number of cases of respiratory tuberculosis admitted was 216, and of other tuberculous cases, 61. In the 1940-1944 quinquennium, the average annual net number of cases receiving institutional treatment was 231. An analysis of the admissions is as follows:—

TUBERCULOSIS CASES NOTIFIED AND RECEIVING INDOOR INSTITUTIONAL TREATMENT.

	1945.			Averages 1940-1944.		
	Pulm. Tuberc.	Other Tuberc.	Total.	Pulm.	Other.	Total.
Woodend Hospital	68	38	106	78	39	117
City Hospital	120	9	129	64	8	72
Royal Infirmary	12	11	23	14	9	23
Royal Hospital for Sick Children	4	6	10	1	11	12
Mental Hospitals	4	—	4	5	1	6
Nursing Homes, Sanatoria, and other Institutions	27	2	29	10	1	11
Total admissions	235	66	301	172	69	241
Deduct cases treated in two Institutions	19	5	24	6	4	10
	216	61	277	166	65	231

As to outdoor institutional treatment in 1945, 957 cases received treatment at the Tuberculosis Institute at the City Hospital. In addition, 173 contacts were examined. The total number of attendances during the year was 3,386.

Supervision of Cases.

The Tuberculosis Medical Officer had the assistance of three Tuberculosis Health Visitors in the visitation and supervision of tuberculous cases throughout the period under review.

MATERNITY AND CHILD WELFARE SERVICES.

Appendix Tables IV-VI.

Infantile Mortality.

During 1945 there were 152 deaths among children under one year of age, as compared with an average of 205 deaths during the 1940-1944 quinquennium. The infantile mortality rate, expressed as deaths per 1,000 live births, was 54 during 1945, as compared with 71 in the preceding quinquennium. This rate of 54 is the lowest infant mortality rate yet recorded in the City.

Comparison with other Towns.—As compared with the other principal towns, Aberdeen in 1945 had the second lowest infantile mortality rate, Edinburgh being lowest with a rate of 50.

The infantile mortality rates in Aberdeen, in the three other principal towns and in all Scotland are given below:—

	Year 1945	Average 1940-1944
Aberdeen . . .	54	71
Dundee . . .	57	71
Edinburgh . . .	50	59
Glasgow . . .	68	95
All Scotland . . .	56	72

The accompanying Chart shows the infantile mortality rate in Aberdeen, as compared with the other three principal towns and all Scotland since 1856

Distribution of Infantile Deaths according to Wards of City.—The infantile mortality in the various wards of the City is shown in Table IV in the Appendix.

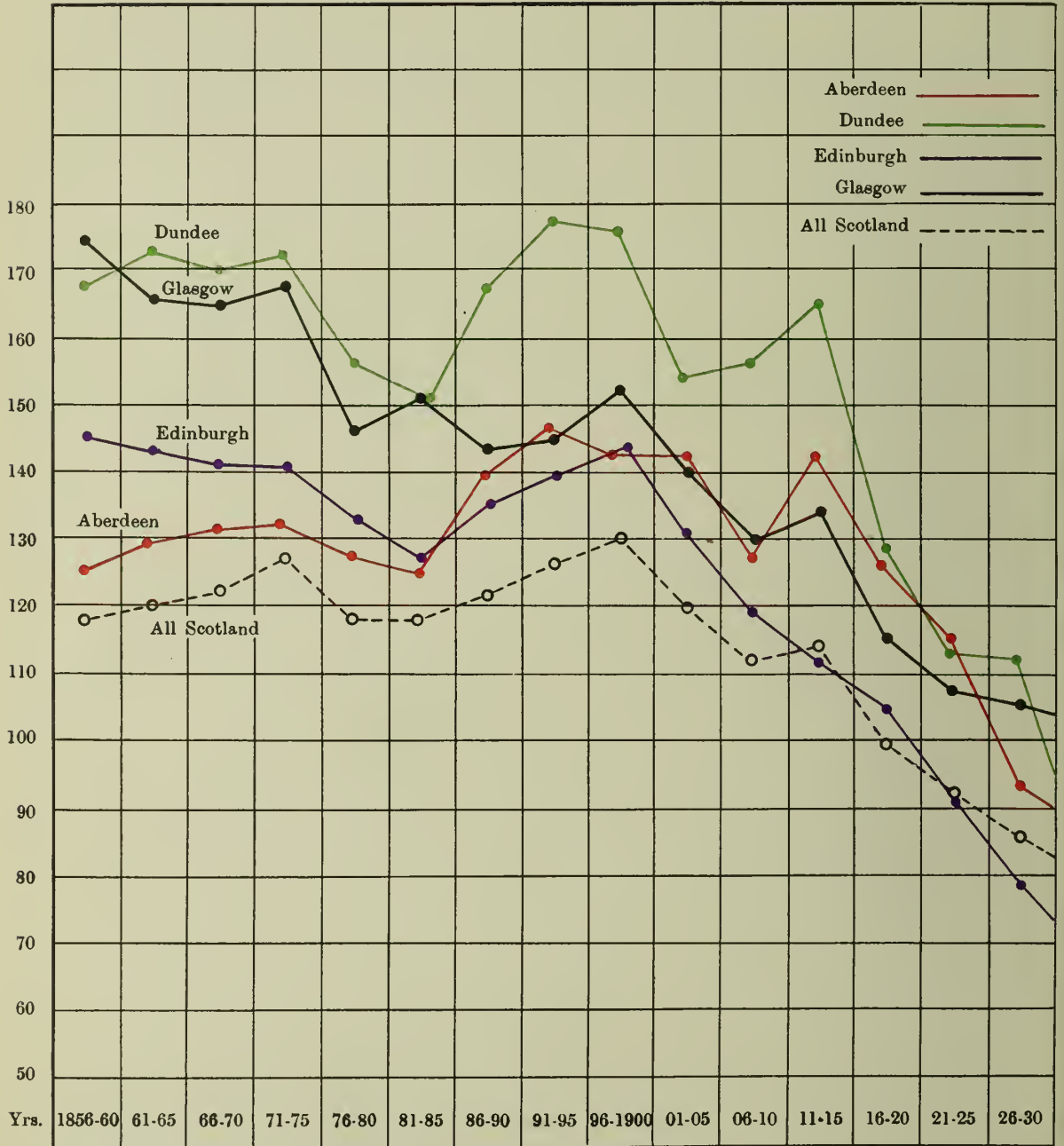
Legitimate and Illegitimate Mortality.—As will be seen from footnote in Table IV, in 1945 the mortality among illegitimate children exceeded the rate in 1940-1944, being 16 per cent. in 1945, as against an average of 13 per cent. for preceding five years.

Causes of Death.—Table V gives the actual number of deaths of children at various age periods. In 1945, the deaths under one year from pneumonia, as also deaths from diseases of early infancy, showed a decrease as compared with the average number of deaths for the preceding quinquennium. On the other hand, in 1945 there was a slight increase in the number of deaths from diarrhoeal diseases.

Neo-Natal Deaths.—In Table VI rates are substituted for actual numbers. In 1945, the death-rate of children under one month was 27, which was considerably less than the average rate in the quinquennium 1940-1944, viz., 38.

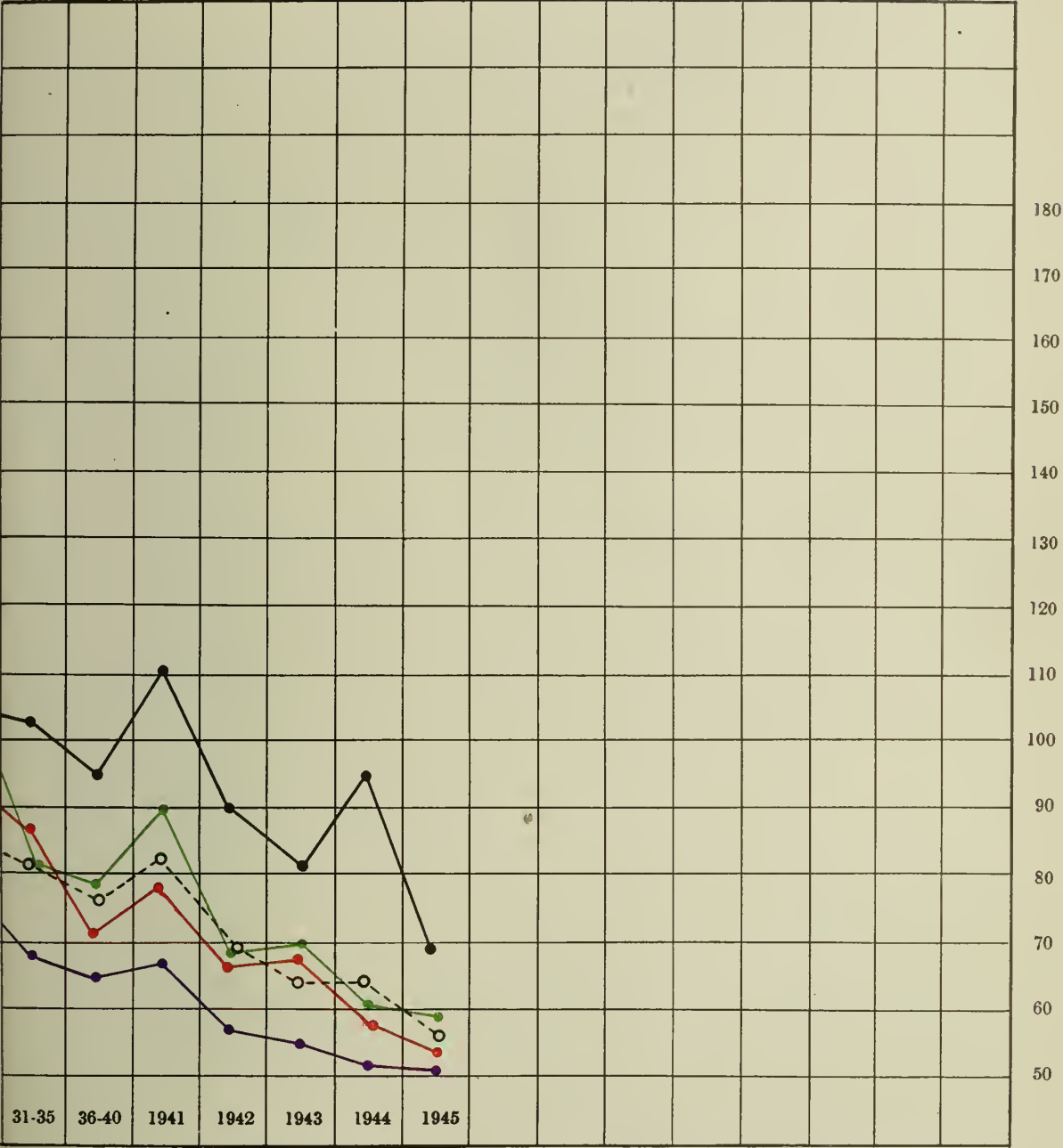
INFANT MORTALITY RATE, 1856-1945—

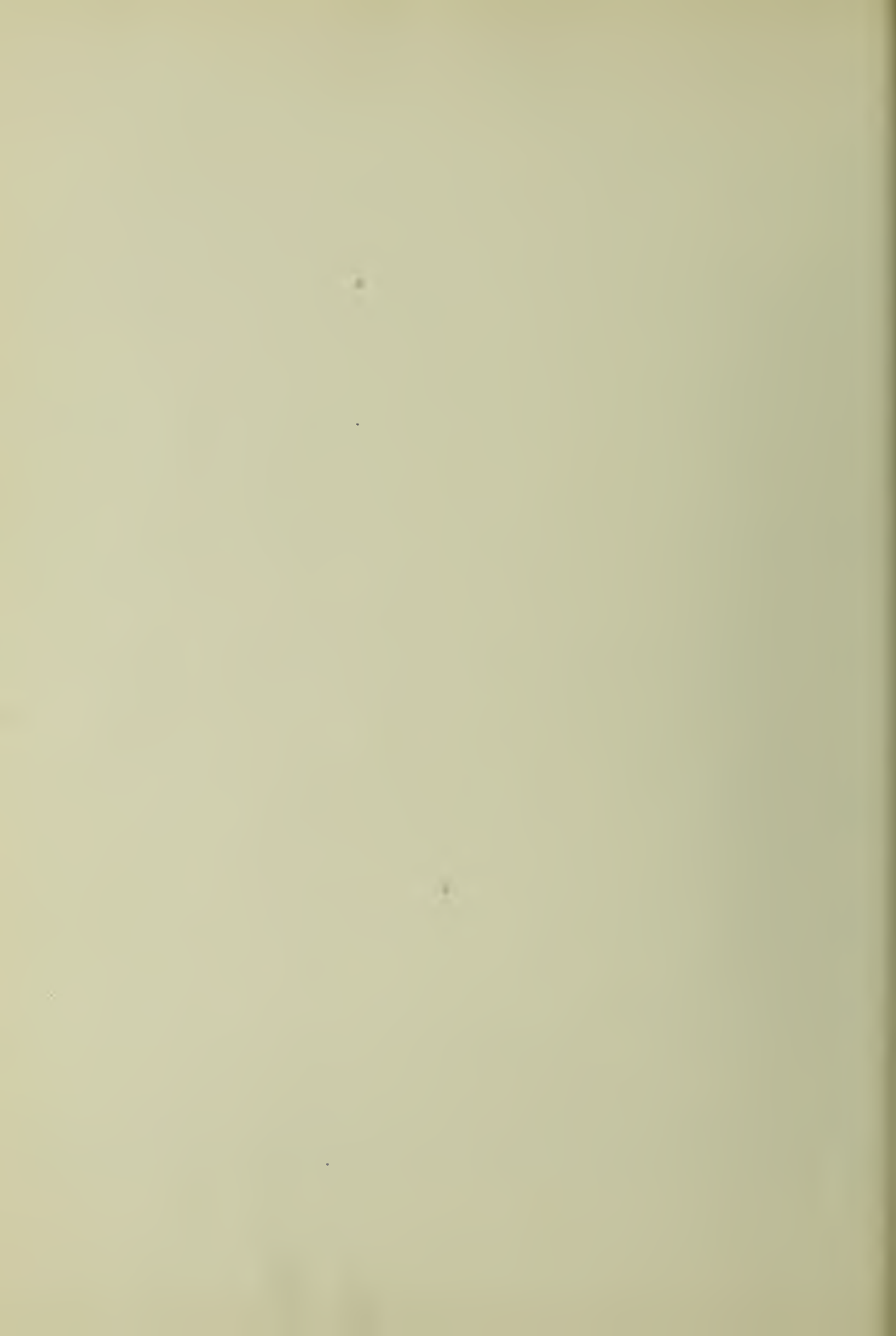
Deaths under 1 year



-QUINQUENNIAL AVERAGES.

per 1,000 Births.





Still-Birth Rate.

The Registration of Still-Births (Scotland) Act, 1938, came into force on 1st January, 1939. There is now a complete record of the number of still-births.

As will be seen from Table VI, in 1945 there were 71 still-births in Aberdeen, giving a rate of 24 per 1,000 total births, including still-births. Corresponding figures for Scotland and for the other large cities are as follows:—

		Still Birth Rate	
		1945	Average 1940-1944
Aberdeen	24	...	31
Dundee	31	...	45
Edinburgh	28	...	35
Glasgow	35	...	41
All Scotland	33	...	37

The Aberdeen figure is thus seen to be very satisfactory. The reduction in the still-birth rate is marching *pari passu* with the reduction in neo-natal mortality, and intensive efforts to reduce both still further are being carried out.

The following statement gives an analysis of the causes of still-birth during the years under review. For comparative purposes, percentages are used in place of numbers:—

	1945 % of Total	Average 1940-1944 % of Total
Chronic disease of mother	—	4·3
Acute toxæmic conditions	7·0	12·3
Accidental hæmorrhage	1·4	6·2
Ante-partum hæmorrhage	—	1·9
Placenta prævia	—	1·7
Fœtal deformities	18·3	10·7
Torsion of umbilical cord	5·6	3·0
Prolapse of cord	4·2	3·0
Malpresentations	2·8	4·7
Pelvic deformities	—	1·5
Prolonged labour uterine inertia	—	1·3
Injury at birth—cerebral hæmorrhage	7·0	8·0
Asphyxia	8·4	3·2
Prematurity	8·4	7·3
Debility	—	2·4
Atelectasis	1·4	0·7
Macerated fœtus	5·6	8·2
Placental infraction	1·4	2·4
Cause unknown	28·3	14·4
Syphilis	—	2·8
	100·0	100·0

Mortality at Pre-School Period (1-5 years).

The number of deaths in this age-period during 1945 was 34 as compared with an average of 44 in the 1940-1944 quinquennium. Deaths from diphtheria and pneumonia numbered 5 each as against an average of 7 and 9 respectively for the preceding five years. There were 4 deaths from tuberculous meningitis as against an average of 5 in the preceding quinquennium. Table V in the Appendix includes the mortality at this age period.

Maternal Mortality.

During 1945, 4 women died from diseases peculiar to pregnancy and child-birth. The deaths in preceding years were as follows:—1944—5 deaths; 1943—7 deaths; 1942—13 deaths; 1941—7 deaths; 1940—6 deaths.

The ages at death were as under:—

	1945	Average 1940-1944
15-20 years	0 deaths	0.4
20-25 „	0 „	1.2 (0.6)
25-30 „	2 „	2.2 (1.0)
30-35 „	0 „	1.6 (0.6)
35-40 „	0 „	1.2 (0.4)
40-45 „	2 „ (2)	1.0 (0.2)
	—	—
	4 (2)	7.6 (2.8)
	==	==

The figures within brackets relate to deaths from sepsis. In 1945 there were 2 deaths from sepsis; 1944—1 death; 1943—2 deaths; 1942—5 deaths; 1941—3 deaths; and 1940—3 deaths.

In 1945, as regards death-rates from diseases peculiar to pregnancy and child-birth, while the rate for all Scotland, viz., 2.8, was the lowest yet recorded, it is satisfactory to note that the Aberdeen rate, viz., 1.4, also the lowest recorded death-rate, is equal to half the rate for all Scotland. In the quinquennium 1940-1944, the average rate for all Scotland was 3.9; in Aberdeen it was 2.5.

The following table shows the comparison between Aberdeen and all Scotland:—

Per 1,000 live and still births

Year	Maternal Mortality Rate		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1945	2.8	1.4	0.9	0.7	1.9	0.7
1944	3.0	1.6	1.1	0.3	1.9	1.3
1943	3.7	2.4	1.3	0.7	2.4	1.7
1942	4.1	4.3	1.7	1.7	2.4	2.6
1941	4.7	2.3	1.7	1.0	3.0	1.3
1940	4.2	2.1	1.1	1.0	3.1	1.0
Average 1940-1944	3.9	2.5	1.4	0.9	2.5	1.6

Puerperal Fever and Puerperal Pyrexia.

The following Table gives various particulars relating to the number of cases notified :—

	Puerperal Fever		...	Puerperal Pyrexia	
	1945	Average 1940-1944		1945	Average 1940-1944
1. No. of cases notified	37	28	...	4	28
2. No. of deaths	2	3	...	—	—
3. No. receiving Institutional Treatment—					
City (Fever) Hospital	36	26·4	...	3	23
Other Institutions	1	1·2	...	—	4
4. No. retained at home	—	0·2	...	1	1
5. No. of cases following instrumental delivery	3	2·6	...	—	2·4
6. No. of deaths occurring under heading (5)	—	—	...	—	—
7. No. of cases following abortion	11	5·4	...	—	5·0
8. No. of deaths following abortion	1	0·6	...	—	—

Treatment of Puerperal Fever and Puerperal Pyrexia.—The reduction in the number of deaths from puerperal conditions is largely due to the remarkable results obtained from the use of sulphonamides and, more recently, of penicillin.

Attendance at Birth.—With regard to attendance at birth in notified cases of puerperal fever and pyrexia, the following statement relating to 1945 is submitted :—

	Puerperal Fever		...	Puerperal Pyrexia	
	Cases	Deaths		Cases	Deaths
Doctors	21	—	...	2	—
Midwives alone	—	—	...	—	—
Midwives calling doctors	3	—	...	1	—
Public Institutions	9	1	...	1	—
No skilled attendance (abortion)	4	1	...	—	—
	—	—	...	—	—
	37	2	...	4	—
	==	==		==	==

Report under Midwives (Scotland) Act, 1915.

The reports for the years under review, 1940-1945, have already been transmitted to the Central Midwives Board for Scotland.

The number of midwives who, during the year 1945, intimated their intention to practise in the district was 11.

Births.

The registered births are analysed in detail in Chapter III of this Report. The particulars regarding the live births and still-births which actually occurred in the City during 1945, as also the averages for the quinquennium 1940-1944, are as follows:—

	No. of Live Births		No. of Still Births		No. of Still Births per 1,000 Live Births	
	1945	Average 1940-1944	1945	Average 1940-1944	1945	Average 1940-1944
Midwives	493	416	10	9	20·3	22·6
Maternity Hospital—						
(a) In wards	1,564	1,358	64	88	40·9	64·8
(b) At home	231	274	6	6	25·9	21·2
Medical practitioners	986	1,223	17	26	17·2	20·9
Not attended at birth	6	5	1	1	166·7	153·8
	<u>3,280</u>	<u>3,276</u>	<u>98</u>	<u>130</u>	<u>29·9</u>	<u>39·6</u>

In 1945, of the 986 live-births attended by medical practitioners, 799 took place in private nursing homes, 151 in municipal hospitals, 1 in the Royal Infirmary, and the remainder, 35, were born at home.

Home Visitation.—A record of the number of first visits and re-visits to infants under 1 year of age, to children in the 1-5 years period and to expectant mothers, is herewith submitted:—

	Infants under one year		Children one to five years		Ante-natal Cases	
	First Visits	Re-Visits	First Visits	Re-Visits	First Visits	Re-Visits
1945	2,794	21,961	4,559	10,674	300	112
	24,755		15,233		412	
Average 1940-1944	2,577	18,681	1,226	10,994	245	79
	21,258		12,220		324	

During the war years, owing to a depleted health visiting staff, it was not found possible to achieve the desired standard of home visitation of children. In the past year, the tide appears to be turning, and, with a staff approaching full establishment, some leeway has already been made up.

By recent agreement with the Social Welfare Department, a closer scrutiny by health visitors will be made of children cared for by foster parents.

Aberdeen Mother and Child Welfare Association.—Throughout the war years, the Association has given valuable help, both in service and in kind.

Ante-Natal Consultations.

Consultative clinic services are held as follows:—

Castle Terrace—Monday and Thursday—2 p.m. weekly.

Wednesday—10 a.m. weekly.

Torry—Wednesday—2 p.m. fortnightly.

Friday—2 p.m. weekly.

Hilton—Friday—2 p.m. weekly.

On Friday afternoons, at the Castle Terrace Clinic, lectures are given on a variety of welfare topics of special interest to the expectant mother. For a period of one year from July, 1945 onwards, exercise classes for ante-natal cases were held by the staff and students of the Dunfermline College of Physical Education and Hygiene, stationed at Woolmanhill, Aberdeen; they also gave advice and exercises to lactating mothers in the Maternity Hospital.

The extent of the ante-natal work undertaken during the years under review is summarised as follows:—

	Maternity Hospital Ante-Natal Annexe			Other Clinics	
	1945	Average 1940-1944		1945	Average 1940-1944
Total number of attendances	13,950	11,123	...	1,110	827
Total number of first attendances	1,695	1,570	...	142	112

Child Welfare Consultations.

Since 1940, clinics have been established in four new areas, viz., Powis Community Centre; Ruthrieston West Church Hall; Hilton Nursery, and Beechgrove Church Hall. The other clinics in operation are:—Castlegate; Charlotte Street; Holburn Street; Lads' Club, Gallowgate; Old Aberdeen, and Torry.

The Charlotte Street Clinic is unsatisfactory and will be vacated whenever alternative accommodation is obtained. Up-to-date and properly equipped clinics should in time replace several of the existing clinics which cannot be regarded as satisfactory.

At some of the clinics, Officers of the Food Advice Centre have given informative talks which have been much appreciated by the mothers.

In connection with breast-feeding, a special clinic session was commenced in 1943 at the Castle Terrace Clinic, where individual attention is given to mothers in order to help in the establishing or re-establishing of lactation.

The extent of the work carried out at the Child Welfare Clinics is summarised as follows:—

	1945		Average 1940-1944
(a) Total number of attendances—			
(1) Under 1 year of age	20,844	...	15,233
(2) Over 1 year of age	5,035	...	4,908
(b) Number of first attendances—			
(1) Under 1 year of age	1,766	...	2,457
(2) Over 1 year of age	501	...	807

Special Treatment Centres.

(1) *Teeth*.—The Dental Clinics provided the following services:—

(a) Number of Attendances—

1945—(1) Mothers . . .	244	(180 cases.)
Average 1940-44—Mothers . . .	310	(236 cases.)
1945—(2) Children . . .	195	(188 cases.)
Average 1940-44—Children . . .	437	(400 cases.)

(b) Classified summary of conditions remedied—

	Extractions	General Anæsthetics	Anæsthetic (Local)	Fillings
1945—(1) Mothers . . .	1,342	212	14	5
Average 1940-44—Mothers . . .	1,591	282	9	3
1945—(2) Children . . .	554	189	3	—
Average 1940-44—Children . . .	1,342	425	7	1

(2) *Eyes*.—During 1945, the Ophthalmic Clinic was utilised to the extent of providing treatment for 48 cases of squint, as compared with an average of 45 cases during the 1940-1944 quinquennium.

(3) *Ultra-Violet Light Clinics*.—Two ultra-violet lamps have been donated to the Health Department. One is used at Charlotte Street Clinic and the other at the Hilton Clinic.

The use to which these Light Clinics have been put is given hereunder:—

	1945	Average 1940-1944
Courses of treatment—1st . . .	227	232
2nd . . .	140	120
Attendances . . .	3,671	3,499

Nurseries.

Thorngrove Home Residential Nursery is still available for 29 children under two years of age. It is kept almost continuously full.

In December, 1939, the small residential nursery at Loch Street was transferred to Charlotte Street, and in May, 1942, the whole nursery picture changed, as a result of the Government's direction to open War-time Nurseries. Thereafter, the provision was as follows:—

Charlotte Street—Day War-time Nursery for 60 (resident beds transferred to Middlefield).

Castle Terrace—Day War-time Nursery for 30.

Linksfild—Day War-time Nursery for 30.

Torry—Day War-time Nursery for 40.

York Street—Day War-time Nursery for 30.

Hilton—Day War-time Nursery for 60.

Middlefield—Residential War-time Nursery for 25.

The Torry War-time Nursery was erected by the Government. All the other nurseries were held in existing premises.

Food and Milk.

Since August, 1940, supplies of liquid milk for expectant and nursing mothers and children under 5 years of age have been distributed under national arrangements, and only in exceptional cases is free milk given through this department. This has led to a considerable diminution in payments made by the Local Authority.

The Local Authority offers national dried milk at its Child Welfare Centres, together with the vitamin supplements. The latter are frequently distributed by a member of the local Food Office.

Cod liver oil emulsion, Roboleine, and Virol were supplied at cost price or free of charge in necessitous cases.

Ophthalmia Neonatorum.

Ophthalmia neonatorum is referred to in the Sections of this Report dealing with infectious and venereal diseases. The following additional information is submitted:—

Year	Number of Registered Births (Live)	Number of Notified Cases of Ophthalmia Neonatorum	Rate per 1,000 Registered Births
1945	3,292	... 3	... 0.9
Average 1940-44 . .	3,279	... 11	... 3.4

In all cases notified cure was obtained.

Hospital Accommodation for Ailing Children.

Maternity Hospital : Babies' Nursery.—The opening of the Babies' Nursery in the Maternity Hospital in 1940 has proved most successful in giving feeble premature infants a better chance of survival. There are 33 cots for infants born before the normal date of gestation or born in difficult conditions in the wards. In 1945, 695 babies were admitted, including 139 who were born outside and admitted for treatment.

City Hospital : Ailing Infant Ward.—This ward provides 22 cots for infants suffering chiefly from nutritional disorders. In 1945, 118 infants were admitted, as against an annual average of 191 in preceding five years.

SCHOOL MEDICAL SERVICES.

During each of the war years statistical data relating to the medical inspection and treatment of school children were sent to the Department of Health for Scotland. The school year ends on 31st July. The results of medical inspection during the year 1944-1945 and the average results for the preceding quinquennium 1939-1944 are given hereunder:—

THE FINDINGS OF MEDICAL INSPECTION, SCHOOL YEAR, 1944-1945, AND PRECEDING FIVE YEARS (Average).

	1944-1945			Average 1939-1944		
	Number Examined	Number found Defective	Percentage	Number Examined	Number found Defective	Percentage
1. Clothing unsatisfactory	8,020	7	·09	8,083	6	·08
2. Footgear unsatisfactory	„	5	·06	„	14	·2
3. Cleanliness—						
(a) Head—Nits	„	56	·7	„	331	4·1
Vermin	„	9	·1	„	2	·02
(b) Body—Vermin	„	—	—	„	—	—
4. Skin—						
(a) Head—Ringworm	„	1	·01	„	1	·01
Impetigo	„	34	·4	„	23	·3
Other Diseases	„	7	·09	„	13	·2
(b) Body—Ringworm	„	1	·01	„	2	·02
Impetigo	„	6	·07	„	22	·3
Scabies	„	39	·5	„	57	·7
Other Diseases	„	84	1·0	„	47	·6
5. Nutritional State—						
Slightly defective	„	64	·8	„	178	2·2
Bad	„	3	·04	„	10	·1
6. Mouth and Teeth Unhealthy	„	27	·3	„	30	·4
7. Naso-pharynx—						
(a) Nose—(i) Obstruction requir- ing observation	„	219	2·7	„	58	·7
(ii) Obstruction requir- ing operative treat- ment	„	33	·4	„	23	·3
(iii) Other conditions	„	8	·1	„	18	·2

	1944-1945			Average 1939-1944		
	Number Examined	Number found Defective	Percentage	Number Examined	Number found Defective	Percentage
7. Naso-Pharynx—(<i>continued</i>)—						
(b) Throat—(i) Tonsils requiring observation	8,020	1,341	16·7	8,053	859	10·6
(ii) Tonsils requiring operative treat- ment	„	368	4·6	„	314	3·9
(c) Glands—(i) Requiring obser- vation	„	86	1·1	„	81	1·0
(ii) Requiring opera- tive treatment	„	6	·07	„	2	·02
8. Eyes—						
(a) External Diseases—						
Blepharitis	„	53	·7	„	54	·7
Conjunctivitis	„	7	·09	„	6	·07
Corneal Opacities	„	2	·02	„	4	·05
Strabismus	„	288	3·6	„	221	2·8
Other Diseases	„	25	·3	„	27	·3
(b) Visual Acuity with/without glasses	5,386	1,253	23·3	5,258	1,301	24·8
Recommended for Refraction	„	490	9·1	„	372	7·0
Number wearing glasses	8,020	536	6·7	8,083	536	6·6
9. Ears—(a) Diseases—Otorrhœa	„	64	·8	„	53	·6
Other Diseases	„	28	·3	„	22	·3
(b) Defective Hearing—						
Grade I.	5,386	11	·2	5,258	21	·4
Grade II.	„	1	·02	„	4	·09
10. Speech—Defective articulation	8,020	27	·3	8,083	22	·3
Stammering	„	19	·2	„	23	·3
11. Mental and Nervous Condition—						
(a) Backward	„	10	·1	„	9	·1
(b) Dull	„	2	·02	„	3	·03
(c) Mentally deficient (Educable).	„	1	·01	„	4	·05
(d) Do. (Ineducable)	„	—	—	„	—	—
(e) Highly Nervous or Unstable	„	15	·2	„	5	·07
(f) Difficult in Behaviour	„	—	—	„	—	—
12. Circulatory System—						
(a) Organic Heart Disease—						
(i) Congenital	„	13	·2	„	12	·2
(ii) Acquired	„	45	·6	„	42	·5
(b) Functional Conditions	„	6	·07	„	25	·3
13. Lungs—Chronic Bronchitis	8,020	20	·2	8,083	38	·5
Suspected Tuberculosis	„	2	·02	„	7	·08
Other Diseases	„	312	3·9	„	96	·2

	1944-1945			Average 1939-1944		
	Number Examined	Number found Defective	Percentage	Number Examined	Number found Defective	Percentage
14. Deformities—						
(a) Congenital	8,020	42	·5	8,083	22	·3
(b) Acquired (Infantile Paralysis)	„	10	·1	„	7	·09
(c) „ (Probably Rickets)	„	50	·6	„	26	·3
(d) „ (Other Causes)	„	74	·9	„	49	·6
15. Infectious Diseases	„	15	·2	„	27	·3
16. Other Diseases or Defects	„	574	7·2	„	332	4·1
17. Classification—Group I.	„	3,843	47·9	„	4,595	56·9
„ II. (a)	5,386	734	13·6	5,258	969	18·5
„ II. (b)	8,020	10	·1	8,083	15	·2
„ II. (c)	5,386	6	·1	5,258	6	·1
„ III.	8,020	2,593	32·3	8,083	1,834	22·6
„ IV. (a)	„	659	8·2	„	520	6·5
„ IV. (b)	„	175	2·2	„	144	1·8
Number notified to parents as suffering from defects	„	974	12·1	„	881	10·9
Number under Observation	„	2,639	32·9	„	2,028	25·0
Number of parents present at Inspections	„	5,998	74·8	„	6,304	78·1

TABLE OF HEIGHTS AND WEIGHTS—SCHOOL YEAR 1944-1945 AND PRECEDING FIVE YEARS (AVERAGE).

BOYS					GIRLS				
Age Yrs.	Average Height in Inches		Average Weight in lbs.		Age Yrs.	Average Height in Inches		Average Weight in lbs.	
	1944-45	Average 1939-44	1944-45	Average 1939-44		1944-45	Average 1939-44	1944-45	Average 1939-44
5	42·2	42·0	42·0	41·5	5	41·9	41·7	40·1	39·9
9	51·0	50·8	61·8	61·2	9	50·3	50·3	60·5	58·8
13	58·4	58·5	89·4	88·9	13	59·3	59·1	93·4	92·4
16	67·5	67·3	133·5	133·6	16	63·6	64·0	123·8	122·1

Diphtheria Immunisation.

The campaign of artificial immunisation against diphtheria was reinforced by a circular letter issued in December, 1940, by the Department of Health impressing on all Local Authorities the need for the immunisation of pre-school and school children by two inoculations of an immunising material supplied by the Department. The percentage of consents to inoculation was appreciably increased by the Government's propaganda. At the end of June, 1945, 21,186 children of school age were known to have been fully immunised against diphtheria, that is, 80 per cent. of the children attending Primary and Secondary Schools, including Robert Gordon's College. In addition, 1,262, or 4·7 per cent., of school children were known to have been partially immunised by having received one inoculation, so that at least 84·7 per cent. of children of school age had then some degree of protection against diphtheria.

Milk-in-Schools Scheme.

There was a milk scheme sponsored by the Education Committee four years before the Milk Marketing Board Scheme, which came into operation in 1936. Till 1940, it was rare for the percentage of children taking milk to rise over 35. Various reasons were put forward to account for this low consumption, but there is no doubt that the most important single factor determining the success of the Milk-in-Schools Scheme is the extent to which head teachers and their staffs encourage the consumption of milk in their schools. In 1940, Sir John Orr and Professor E. W. H. Cruickshank addressed meetings of head teachers on the importance of milk in the dietary of children, and thereafter there was a steady increase in the milk consumption. At the end of June, 1945, 67·7 per cent. of school children were receiving milk in school.

The type of milk supplied to school children in the City is pasteurised milk.

Defects in School Medical Services Scheme.

A joint report by the Medical Officer of Health and School Medical Officer, issued in May, 1940, contained several recommendations, most of which were given effect to. For example, an additional School Medical Officer was appointed, an additional Dental Clinic was established, new accommodation was acquired for the Skin and Minor Ailments Clinic and more adequate nursing facilities were provided. The recommendation was then made that new branch Dental Clinics should be set up in the Nursery Schools as they were established, in other words, the Nursery Schools should ultimately develop into Health Centres for the areas in which they are situated.

When circumstances permit, more Dental Clinics should be established, better provision should be made for physically handicapped children, and much more accommodation should be provided for the mentally handicapped, both educable and ineducable. It is also hoped that it may soon be possible to set up in the City an Orthoptic Clinic for the treatment of squint, and an Orthodontal Clinic for the correction of badly placed teeth.

Since 1940, quarterly progress reports on the health of the school child have been submitted by the Medical Officer to the Physical Care Sub-Committee of the Education Committee.

VENEREAL DISEASES SERVICES.

Appendix Tables VII-IX.

During the years 1940 to 1945 inclusive, the activities of the Aberdeen Treatment Centres covered not only the requirements of the civilian population of the North-Eastern Area of Scotland, but met also the needs of H.M. Forces over an even wider area. The Joint Treatment Scheme deals normally with civilians from the City of Aberdeen and the Counties of Kincardine, Aberdeen, Banff, Moray, Nairn, Orkney, and Shetland. In the years under review, cases from all branches of H.M. Forces were received also from the Counties of Angus, Inverness, Ross and Cromarty, Sutherland, and Caithness, while others, for whom special treatment was required, were referred from central and southern parts of Scotland, and even on occasion from England. In addition, cases from overseas Forestry Units stationed in Northern Scotland were treated at Aberdeen.

In summarising the situation throughout these years, reference is made particularly to cases of venereal infections among civilians from the City of Aberdeen. In tables appearing in the report are details relating to cases from Aberdeen, from other areas, mostly those within the Treatment Scheme, and from the Forces.

The increase which occurred in venereal infections, always to be expected under conditions of war, did not develop until the second year of hostilities. It should be noted that, in certain of the statistics relating to the incidence of venereal diseases, the term "new registrations" is used in place of "new cases." This term includes (a) *new cases*, i.e., patients who have never been treated for the same infection at any other centre or hospital, and (b) *transfers in*, i.e., cases whose treatment has been commenced at some other centre or hospital and who have been transferred to an Aberdeen Centre for observation or continuation of treatment. From a peak year of 1,226 new civilian registrations in 1935 (Aberdeen, 880, other areas, 346), there was a decline to the low figure of 687 in 1940 (Aberdeen, 447, other areas, 240). Thereafter, a gradual increase developed to a total of 1,131 cases in 1943 (Aberdeen, 717, other areas, 414), the highest figure for civilians during the 1940-1945 period. This was less than the maximum pre-war level, but not quite so satisfactory as would seem at first sight. By then, considerable numbers of the population had been called up for war service of various kinds and had left the area. The incidence of 1,131 cases occurred, therefore, in communities depleted, to some degree, of the very age groups among which venereal disease is most prevalent, and represented an increase proportionally greater than apparent.

Meantime, infection was developing among members of H.M. Forces stationed in the northern part of the country. Not all of these were infected locally, but the majority were. From a trickle, during the first year of the war, their numbers increased, until, from 1941 onwards, they almost equalled those of civilians from

all areas within the Joint Treatment Scheme. The end result was an influx of patients never met with before in the history of the treatment centres in Aberdeen. The maximum was reached in 1943, with a total of 1,939 cases of all types, of which, 1,131 were civilians and 808 were Forces patients. As all acute cases of infection from the Forces were required to be treated in hospital, a particularly heavy strain was thrown on bed accommodation.

Unusual Prevalence of Syphilis.

A feature of infection among civilians was the disturbance of the normal gonorrhœa-syphilis ratio. Ordinarily, the former was two to three times as prevalent as the latter, but, during the years 1941 to 1943 inclusive, cases of syphilis exceeded those of gonorrhœa by as high as three to two, due, mainly, to an increase in early infectious syphilis, the most dangerous type from the point of view of public health. By 1945, syphilis was less common than gonorrhœa, though still unduly high in proportion; but another feature emerged, viz., a greater incidence among women than men, again in cases of early infection. Again, during the last six months of 1945, the proportion of civilian cases rose, while those from the Forces fell. The relative increase in syphilis among women occurred chiefly in this period, and would appear to be associated with, or to correspond to, the process of demobilisation of the services. Any increase in early syphilis must always be viewed with apprehension, particularly from the aspect of serious late effects and congenital infection in the future. The situation may be only temporary, but it may well be that we are on the verge of an increase in venereal infections in general among the civilian population, with an unusually high incidence of syphilis.

Propaganda, and the Attitude to Venereal Infections.

Much has been done during the war to educate the public by means of various agencies, and results have justified the effort. The average citizen is now more versed in the essential facts concerning infection, is more alive to the necessity for early medical advice, and shows a greater readiness to come forward for help. A great deal of the old national taboo is disappearing. In passing, it may be said that at the Aberdeen Clinics there are now practically no such procedures as separate clinics for the two sexes. Patients of both sexes are seen and dealt with, as and when they arrive, at any time. Strict privacy is afforded each patient at interview and examination, but no segregation of the sexes is observed in the waiting rooms, and there is no indication that this is desirable. It may also be stated that out-patient clinics and wards, male and female alike, are under the charge of nursing sisters, assisted by nurses in training and a limited number of male orderlies. This policy has been a deliberate one. The effect has been to remove much of the self-consciousness among patients and the atmosphere of any stigma attaching to infection. The result in the male wards, in particular, has been most satisfactory, and discipline has been excellent, especially during the war, when the great majority of cases were men from the Forces. Many of these, entering the ward with misgivings, could not understand why they were being received and treated as ordinary individuals.

A more tolerant attitude towards those venereally infected is indispensable if any real progress is to be made in combating infection. The Americans realised this when, during the war, they abolished all forms of penalties pertaining to the acquiring of venereal disease in their Armed Forces. Far too long have we been thinking in terms of sex. It is time we thought more in terms of disease.

It may be that more care might be taken in presenting propaganda to the public, and there has been the accusation that a venereal phobia is being produced. When one considers the prevalence of venereal disease, however, and when one realises that a dangerous infection like syphilis is not so often a malady of the individual as of a group of individuals, often of an entire family, the occurrence of the occasional case of phobia pales into insignificance.

Regulation 33B.

Regulation 33B of the Defence (General) Regulations came into operation as from 5th November, 1942. The object is to bring under control, by appropriate medical measures, certain cases alleged, and shown, to be sources of infection. The Regulation has a very limited application in that a Medical Officer of Health cannot take action officially unless he receives at least two separate notifications, in respect of each of two or more individuals naming a third person as their common source of infection. In actual practice, it has been of little direct avail, as is shown in statistics dealing with cases notified in Aberdeen.

For various reasons, it is often very difficult to obtain the necessary two notifications—the identity of the source may be unknown, the name or the address of the person cannot be procured, or there may be an unwillingness on the part of a patient to divulge information. In most cases, only one notification is available, but in such instances unofficial approach has often succeeded in bringing the source to treatment. There has been, moreover, the disconcerting incident of the failure to prove infection, despite repeated examinations, in a case brought up for investigation, even on the two notifications requisite for official action to be taken.

Experience in the clinics has shown that most patients themselves, if dealt with tactfully, may be relied upon to persuade their source of infection to come forward for examination and treatment. On the other hand, conversation with such sources, apt sometimes to be recalcitrant, has revealed that their knowledge in a vague way of the existence of the Regulation has often decided the issue in favour of submitting to medical help, as against refusal to co-operate. In this way, the Regulation has been indirectly beneficial. Time, however, blunts memories, and the realisation that the measure is still in force tends to be forgotten. It might be advantageous to revive, from time to time, the publicity given to the Regulation when it first became effective over three years ago.

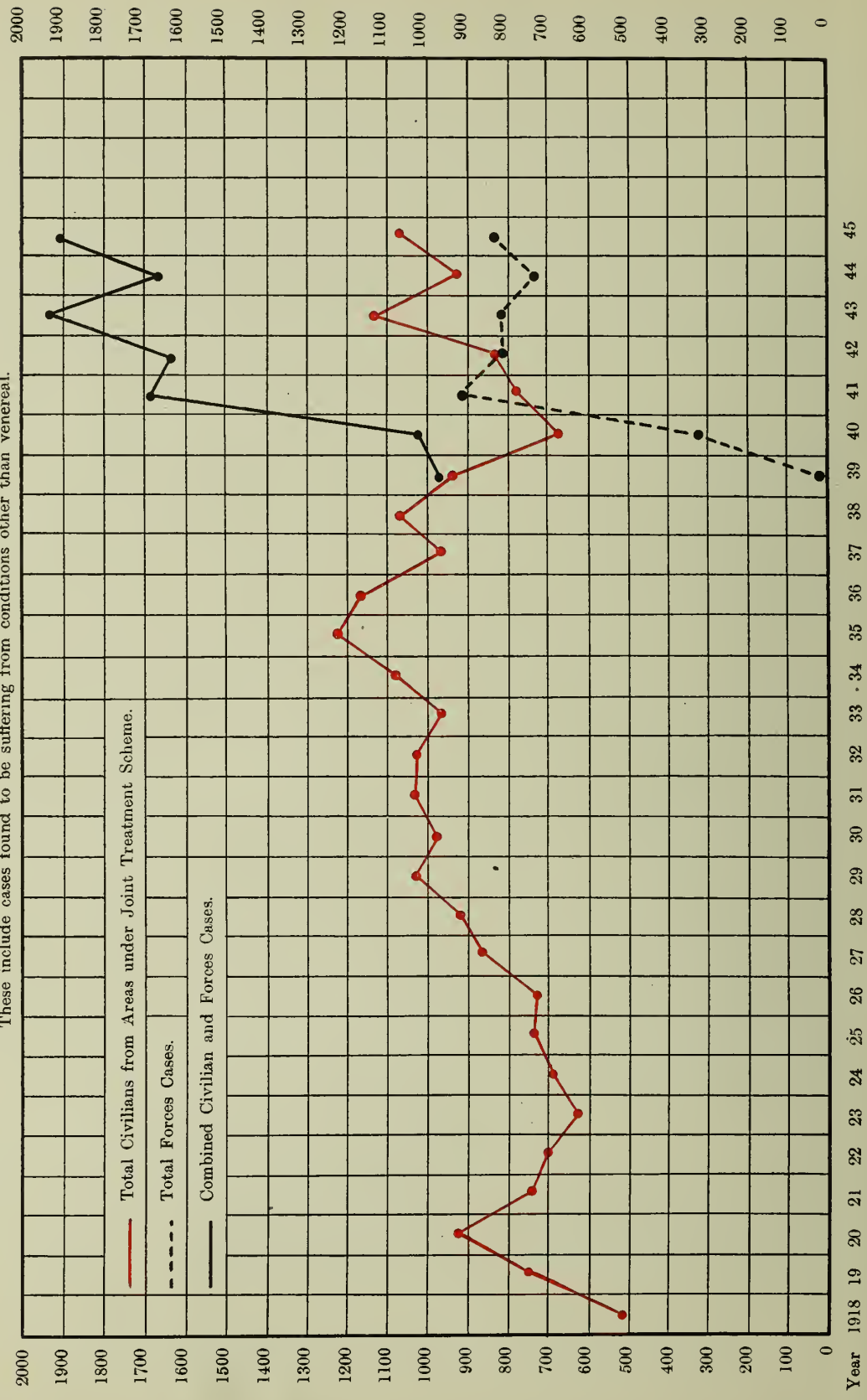
Advances in Methods of Treatment.

The fever cabinet installed in the Venereal Disease Ward in Woodend Hospital in 1938 proved invaluable during the war, particularly in the treatment of sulphonamide-resistant cases of gonorrhœa. Patients were admitted for fever therapy not only from the northern regions of Scotland, but also from military hospitals

VENEREAL DISEASES.

Yearly *New Registrations at Aberdeen Royal Infirmary and City Hospital Treatment Centres.

These include cases found to be suffering from conditions other than venereal.



in Edinburgh, Glasgow, and Peebles. By 1944, the introduction of penicillin for the treatment of gonorrhœa in the Forces, and in 1945 its availability for civilian cases, reduced the need for the cabinet to all but a few cases of gonorrhœa, and fever therapy is now being employed mainly in the treatment of neurological syphilis. Working for practically six days out of seven since 1939, the apparatus is becoming worn out, and a new one will soon require to be provided.

The advent of penicillin marks one of the greatest advances in venereology. Its value in gonorrhœa is established, in which disease it is the method *par excellence*, providing a rapid, safe, and highly efficient form of treatment. In syphilis, it is also a potent curative measure, but much has yet to be learned as how best it may be used, and, in the treatment of this disease, it may be said that penicillin is still in the experimental stage.

Statistics.—The following table and accompanying chart refer to the Yearly New Registrations at the two Centres—Aberdeen Royal Infirmary Out-Patient Department and City (Fever) Hospital:—

YEARLY NEW REGISTRATIONS AT ABERDEEN ROYAL INFIRMARY AND CITY HOSPITAL TREATMENT CENTRES. *Years 1918-1945.*

YEAR.	Total No. of New Registrations.*	Aberdeen City.*	Other Areas.*	Non-Civilian (included in foregoing figures).
Average 1918-22 .	727	573	154	—
„ 1923-27 .	735	544	191	—
„ 1928-32 .	1003	753	250	—
„ 1933-37 .	1085	764	321	—
1938 . . .	1068	695	373	—
1939 . . .	979	670	319	—
1940 . . .	1022	607	415	335
1941 . . .	1698	787	911	911
1942 . . .	1636	813	823	805
1943 . . .	1939	963	976	808
1944 . . .	1670	851	819	728
1945 . . .	1903	985	918	830

*Combined Civilian and Forces Cases.

Appendix Table VII shows the total new registrations at the two treatment centres.

The following table gives the new cases of venereal infections arranged in selected age-groups:—

NEW CASES OF VENEREAL INFECTIONS ACCORDING TO AGE (ALL AREAS).

Age	*Syphilis		Gonorrhœa		Soft Chancres		Non-specific		TOTAL—1945		Average 1940-44		Congenital Syphilis			
													1945		Average 1940-44	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year .	—	3	—	1	—	—	—	—	—	4	4	4	—	3	3	3
1—4 years .	1	—	1	—	—	—	—	—	2	—	1	2	1	—	1	1
5-14 do.	2	3	—	3	—	—	—	—	2	6	2	5	2	3	1	2
15-24 do.	42	25	147	23	1	—	131	33	321	81	438	115	3	—	5	6
25-34 do.	40	40	135	22	—	—	91	24	266	86	635	128	—	2	4	3
35 and over .	43	32	59	9	1	—	75	8	178	49			1	4	—	—
Total . .	128	103	342	58	2	—	297	65	769	226	1080	254	7	12	14	16
Average 1940-44	310	118	499	55	7	0.4	264	81	1080	254	—	—	—	—	—	—

*Includes Congenital Syphilis.

In 1945, 471 or 32 per cent. of the new cases were diagnosed to be not suffering from venereal disease, and are excluded from the above table. In 1939, the percentage of non-venereal cases was only 17 per cent. The increase is undoubtedly largely due to the Government's publicity campaign.

Attendances for Treatment.

As will be seen from Table VIII in Appendix, the total number of attendances of cases from all areas at both centres during 1945 was 19,642, as against an average of 22,458 for the quinquennium, 1940-1944.

As regards the City of Aberdeen alone, the number of attendances during 1945 was 13,880, as compared with an average of 16,320 for the preceding quinquennium. These figures include service personnel.

The decrease in the number of attendances has resulted from newer methods of treatment, which diminish the number of occasions for which attendance is required.

In-Patients.

Appendix Table IX shows the number of cases dealt with in hospital. During the year, 511 cases from all areas were admitted for in-patient treatment. The average number admitted during the 1940-1944 quinquennium was 540.

Laboratory Examinations.

The total examinations carried out under the Joint Scheme during 1945 was 26,076, as compared with an average of 25,261 in the 1940-1944 quinquennium.

Ophthalmia Neonatorum.

The total cases reported during 1945 was 3, as against an average annual number of 11 during the preceding quinquennium.

BLIND PERSONS SERVICES.

*Statistics relative to Blind Persons.***Registration.**

BURGH OF ABERDEEN—REGISTER OF THE BLIND AS AT 1ST APRIL, 1945—NUMBERS
ACCORDING TO DIFFERENT AGE GROUPS OF ALL BLIND PERSONS ON THE REGISTER.

0-2		3-4		5-15		16-17		18-29		30-39		40-49		50-69		70+		TOTAL		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
—	—	—	—	2	2	1	—	14	6	13	17	20	23	59	56	37	52	146	156	302

Certificate of Blindness—Regional Clinic.

During the year ended 31st March, 1945, there were examined for the first time a total of 36 persons—15 at the clinic and 21 at home. In addition, 15 persons underwent re-examination, making a total of 51 cases examined, as compared with an average of 55 for the preceding quinquennium.

The details of these examinations for year 1944-1945 are as follows:—

	No. examined for first time.		Re- Examinations.	Total	Average 1940-1944.
	At Clinic	Domiciliary.			
City of Aberdeen	10	8	13	31	33
County of Aberdeen	5	13	2	20	23
County of Kincardine	—	—	—	—	1
	—	—	—	—	—
	15	21	15	51	57
	==	==	==	==	==

Employment of Blind Persons of 16 years and upwards.

At 31st March, 1945, the following blind persons were in employment:—

In Institutions for the Blind—

	Males.	Females.
Undergoing industrial training	5	1
Undergoing secondary or professional education	2	—
In workshops	39	11
Outwith Institutions for the Blind	*12	3

* Including 3 home workers.

Domiciliary Assistance.

The allowances paid to domiciliary recipients have been revised from time to time, and the new rates applicable from October, 1946, onwards will be issued in the Report for that year.

The following summary gives the state as regards marriage of those blind persons who were in receipt of domiciliary assistance at 31st March, 1945:—

<i>Males—</i>		<i>Females—</i>	
Married	25	Married	6
Single or widowed	33	Single or widowed	77
	—		—
	58		83
	==		==
Total		141.	

As regards medical attendance, the Council appointed Dr. John H. Stephen to give medical attention to sick necessitous blind persons. This arrangement has worked most satisfactorily.

Arrangements have been made whereby medicines are supplied on special prescription forms, these forms being sent to the Central Checking Bureau, Glasgow, for purposes of pricing.

OUTDOOR MEDICAL SERVICES

Domiciliary medical services are provided for the statutory poor through five part-time medical officers, each of whom has a special district allocated to him

The following table shows the number of sick poor treated during each quarter of the year 1945:—

CITY OF ABERDEEN—OUTDOOR MEDICAL RELIEF—Year 1945.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
No. of Sick Poor under attendance during Quarter	782	684	672	813
No. of Visits	660	516	537	565
No. of Consultations	1795	1257	1320	1413

The number of visits and consultations made during the past six years is shown hereunder:—

	Visits	Consultations
1940	4,398	8,273
1941	3,770	7,296
1942	3,349	6,739
1943	2,847	6,025
1944	2,597	6,187
1945	2,278	5,785

In 1945, the visits and consultations show a considerable decrease as compared with previous years.

PORT SANITARY SERVICES.

Medical Inspection of Shipping.

Visits were paid as usual to ships on arrival from foreign ports to ascertain the condition of health of the crew.

The cases of infectious disease diagnosed on board the vessels were of the ordinary type and the number of cases treated in the municipal hospitals, either as in-patients or out-patients, in each year from 1940 to 1945, was as follows:—

1940	.	.	6 cases.		1943	.	.	19 cases.
1941	.	.	41 „		1944	.	.	12 „
1942	.	.	28 „		1945	.	.	7 „

The work carried out by the Sanitary staff during the years 1940-1945 is referred to in the individual reports of the Chief Sanitary Inspector.

LABORATORY SERVICES.

The Public Health and Municipal Hospital Laboratory was established in 1920 by the then Medical Officer of Health, Professor Matthew Hay, when the work was transferred from the Department of Pathology of Aberdeen University. The purposes of establishing a Municipal Laboratory were to provide a suitable pathological and bacteriological service for the Public Health Departments, Hospitals, Institutions, and practitioners within the areas of City of Aberdeen, and the Counties of Aberdeen, Moray and Nairn, Kincardine, Orkney, and Shetland. It has been at all times emphasised that the service should be as comprehensive as possible, and that, as regards finance, each Local Authority within the Scheme would pay its fair share of the cost. To begin with, this was adjusted on a population basis, but later was arranged according to the number of specimens examined for each contributing Authority. No charge is made to any practitioner or individual for services rendered. The result of this policy has been a continual increase in the demand for service, and, with the introduction of various new tests, and the wider application of laboratory techniques to the diagnosis and control of disease, there has been a very large increase in the amount of work to be undertaken.

During the past few years, there has been a very marked decrease in the incidence of many types of infectious disease, but this, in itself, has not lessened the work, since other types of examination involving more work have become available. It can, therefore, be said that the laboratory service at the moment provides bacteriological, biochemical, clinical, pathological, and, to a more limited extent, pathological services for the whole north-eastern area, with an approximate population of 450,000—excluding the services provided by the University Laboratories at Foresterhill to the Royal Infirmary and the adjacent hospitals

The aim of the department, therefore, is to provide comprehensive laboratory facilities for the prevention, diagnosis and treatment of disease.

The following statement gives in detail the number and results of examinations for I—the City of Aberdeen (including City Hospitals, Institutions, and Sub-Departments); for II—other Local Authorities within the Laboratory Services Scheme; as also the services during the year 1945, with the comparison for the quinquennium 1940-44:—

I.

	Positive	Negative	Total	Grand Total 1945	Grand Total Average 1940-1944
<i>Diphtheria—</i>					
Throat, nose, and ear swabs	401	4,976	5,377	5,377	8,561
<i>Tuberculosis—</i>					
Sputum	354	1,165	1,519		
Fæces	0	8	8		
Urines	6	36	42		
Chest pus and fluids	2	55	57		
Other pus and fluids	10	58	68		
Cerebrospinal fluids	10	69	79		
			—	1,773	2,364
<i>Typhoid Fever—</i>					
Blood cultures	1	23	24		
Widals	2	63	65		
Fæces	3	16	19		
Urines	0	14	14		
			—	122	279
<i>Paratyphoid Fever—</i>					
Blood cultures	1	23	24		
Widals	3	69	72		
Fæces	60	85	145		
Urines	1	31	32		
Miscellaneous	1	1	2		
			—	275	330
<i>Bacillary Dysentery—</i>					
Fæces	734	2,149	2,883	2,883	2,244
<i>Amœbic Dysentery—</i>					
Fæces	0	10	10	10	0
<i>Food Poisoning—</i>					
Fæces, &c.	5	7	12	12	28
Carry forward	-	-	-	10,452	13,806

	Positive	Negative	Total	Grand Total 1945	Grand Total Average 1940-1944
<i>Brought forward</i>	-	-	-	10,452	13,806
<i>Puerperal Fever—</i>					
Blood cultures	7	40	47		
Pus	35	56	91		
			—	138	141
<i>Undulant Fever—</i>					
Blood agglutinations	5	91	96	96	135
<i>Weil's Disease—</i>					
Blood agglutinations	6	24	30		
Urines	0	1	1		
			—	31	41
<i>Bloods for Paul Bunnell Test—</i>					
Blood agglutinations	9	22	31	31	6
<i>Venereal Diseases—</i>					
Bloods and C.S.F.'s for Wassermann re- actions	728	4,750	5,478		
Bloods for Laughlen tests	726	4,420	5,146		
Smears for gonococci	247	2,820	3,067		
Serum for spirochætes	2	4	6		
Bloods for gonococcal complement fixation test	3	58	61		
			—	13,758	14,474
<i>Biochemical Examinations—</i>					
Blood sugars			103		
Blood ureas			333		
Urine sugars			11		
Urine ureas			62		
Fæces for blood			155		
Van den Bergh			48		
Icteric Index			48		
Blood calcium			10		
Test meals			30		
Urines for bile			3		
Blood sedimentation rate			143		
Fæces for fat			18		
W.F. 301 concentration tests			348		
Blood albumins			48		
Miscellaneous			23		
			—	1,383	2,643
<i>Carry forward</i>	-	-	-	25,889	31,246

	Total	Grand Total 1945	Grand Total Average 1940-1944
<i>Brought forward</i>	-	25,889	31,246
<i>Waters, Food, and Drug Samples—</i>			
Bacteriological examinations of waters	513		
Chemical examination of waters	10		
Swimming bath waters	190		
Examination of chlorine samples	2		
Bacteriological examination of milks	182		
Milks for phosphatase test	197		
Milks for fat estimation	291		
Milks for methylene blue test	223		
Milks for organisms	17		
	—	1,625	1,123
<i>Chemical Examinations—</i>			
Bleaching powders, &c.	24		
Paint samples	4		
	—	28	6
<i>General Examinations—</i>			
Blood counts	618		
Differential cell counts	473		
Blood cultures	157		
Fæces for protozoa	9		
	Positive	Negative	
Bloods for malaria	4	17	21
Histological specimens			134
	Positive	Negative	
Ophthalmia neonatorum	1	16	17
Sputum for organisms			151
Chest pus and fluids for organisms			105
Other pus and fluids for organisms			300
Throat, nose, and ear swabs for organisms			2,959
Eye swabs			76
	Positive	Negative	
Cerebro-spinal fluids (other than tuber- culous or luetic)	35	200	235
Urines for pathological examination			963
Urines for bacteriological examination			752
Vaccines			25
Vincent's bacilli			346
Blood grouping			23
Cervical swabs			60
Autopsies			49
Fæces for organisms			11
Teeth swabs			2
Seminal fluids			10
Miscellaneous			33
	—	7,229	9,199
<i>Carry forward</i>	-	34,771	41,574

	Total	Grand Total 1945	Grand Total Average 1940-1944
<i>Brought forward</i>	-	34,771	41,574

Animal Inoculation—

Guinea pigs inoculated with human material for tubercle bacilli	213		
Guinea pigs inoculated with cultures of <i>B. diphtheriæ</i> for virulence test	3		
Rabbits inoculated with urine for Friedman test	53		
	<hr/>	269	382
		<hr/>	<hr/>
		35,040	41,956
		<hr/>	<hr/>

II.

	Total Number of Examinations 1945	Total Number of Examinations Average 1940-1944
Aberdeenshire	11,236	10,831
Banffshire	2,679	
Kincardineshire	1,813	
Moray and Nairn	4,725	
Orkney	169	18,748
Shetland	664	
The Services	9,649	
	<hr/>	<hr/>
	30,935	29,579
	<hr/>	<hr/>

ANALYSES UNDER THE FOOD AND DRUGS (ADULTERATION) ACT.

In 1945, the number of samples analysed under the Food and Drugs (Adulteration) Act was 442, as compared with an average of 691 in the quinquennium 1940-1944.

MEAT INSPECTION SERVICES.

There are four private slaughter-houses licensed within the Burgh. Two of these belong to the Flesher Incorporation and are the only slaughter-houses in operation at the present time.

The number of animals killed in these two slaughter-houses during the year 1945 is included in the following table:—

YEAR 1945.—RETURN OF CARCASSES TOTALLY OR PARTIALLY CONDEMNED AS UNFIT FOR HUMAN FOOD.

Class of Animal.	Total Slaughtered.	Carcases Totally Condemned.	Carcases Partially Condemned.	Weight (in lbs.) of Condemned Meat and Offal.
Cattle . . .	29,277	509	381	328,972
Sheep . . .	120,146	66	70	2,009
Pigs . . .	1,615	37	31	6,022
Calves . . .	2,383	29	4	6,590
	<u>153,421</u>	<u>641</u>	<u>486</u>	<u>343,593</u>

In addition to above, 498 lots of organs or offal were condemned, weighing 45,565 lbs., so that the total weight of condemned meat and offal was 389,158 lbs.

Slaughter of Animals (Scotland) Act, 1928.—There were no prosecutions under the above Order during the years 1940-1945. The necessary licences were issued for the use of the mechanically-operated instrument.

DISEASES OF ANIMALS ACTS SERVICES.

The routine work necessary under the various Acts and Orders was duly carried out.

During the years 1940-1945, no cases of anthrax occurred within the City; 9 cases of swine fever were confirmed—8 in 1940 and 1 in 1944—and only 2 cases of foot-and-mouth disease were dealt with during the same period. Both outbreaks occurred in 1942.

CHAPTER III.

STATISTICAL COMMENTARY.

Appendix Tables X-XII.

POPULATION.

During the years 1940-1945 the civilian population, as estimated by the Registrar-General, was as follows:—

Year.	Population.
1945	163,108
1944	159,263
1943	159,162
1942	164,100
1941	167,800
1940	172,310
Mean of 1940-1944 . . .	164,527

BIRTHS.

For the purpose of calculating birth-rates and marriage rates, there has been added to the civilian population the net number of men and women enlisted in the Forces.

Live-Births.—The number of live-births and the birth-rate per 1,000 of the population for the years under review were as follows:—

Year.	Live Births.	
	Number.	Rate per 1,000 of Population.
1945	2,830	15.5
1944	2,989	16.5
1943	2,876	16.0
1942	2,904	16.1
1941	2,907	16.2
1940	2,804	15.6
Mean of 1940-1944 . . .	2,896	16.1

As will be seen from above table, the birth-rate for 1945 is lower than the mean of 1940-1944.

Masculinity of Births.—This term indicates the proportion of male births to female births in any year. The percentage of males to females during the six years was as follows:—

Year.	Males to 100 Females.	Year.	Males to 100 Females.
1945 . . .	100	1942 . . .	102
1944 . . .	108	1941 . . .	106
1943 . . .	105	1940 . . .	105

Illegitimate Births.—The highest proportion of illegitimate births occurred in 1945, when the rate was 10·0 per cent. of total births. In 1940 it was 6·3, and, since then, the rate has gradually risen. In the first World War the highest peak was in 1917, when the rate was 11·8. The following table is submitted for purposes of comparison:—

Year.	Illegitimate Births per 100 Total Births.	Year.	Illegitimate Births per 100 Total Births.
1945 . . .	10·0	1919 . . .	10·6
1944 . . .	9·2	1918 . . .	11·4
1943 . . .	8·9	1917 . . .	11·8
1942 . . .	8·5	1916 . . .	10·1
1941 . . .	7·5	1915 . . .	10·0
1940 . . .	6·3	1914 . . .	9·4

Still-Births.—The number of still-births and the still-birth rate per 1,000 of total births for the years 1940 to 1945 were as follows:—

Year.	Number of Still-Births.	Rate per 1,000 Total Births.
1945	71	24
1944	68	22
1943	96	32
1942	91	30
1941	96	32
1940	115	39
Mean of 1940-1944 . . .	93	31

It will be seen from this table that the still-birth rate has been considerably reduced during the past two years.

MARRIAGES.

During the six years 1940 to 1945, inclusive, the number of marriages and the equivalent marriage rates per 1,000 of the population were as follows:—

Year.	Marriages.	
	Number.	Rate per 1,000 of Population.
1945	2,286	12.5
1944	1,646	9.1
1943	1,700	9.5
1942	2,034	11.3
1941	2,055	11.4
1940	2,370	13.2
Mean of 1940-1944 . . .	1,961	10.9

As is to be expected, the periods of increase in the marriage rate were co-terminous with the beginning and end of the war.

DEATHS.

The total number of civilian deaths, and the death-rate per 1,000 of the civilian population, as also the average age at death, for each of the years 1940 to 1945 are given in the following table:—

Year.	Number.	Deaths.	
		Rate per 1,000 of Population.	Average Age at Death.
1945	2,084	12.8	59.6
1944	2,056	12.9	58.4
1943	2,239	14.1	57.5
1942	2,224	13.6	57.9
1941	2,257	13.5	56.2
1940	2,457	14.3	55.8
Mean of 1940-1944 . . .	2,247	13.7	57.2

The increase in the average age at death is most interesting and important and has a distinct bearing on the increase in the death-rate from malignant diseases, as many more persons are now reaching the so-called "cancer age."

As will be seen from the above table, the average age at death for the quinquennial period 1940-1944 was 57.2. Compare that figure with the average age at death for the quinquennial period 1891-1895, which was 32.9. Thus in fifty years, the average age at death has increased by 24.3 years.

The alteration in the age composition of the population emphasises the need for adequate provision being made for the chronic sick, the aged and infirm.

CAUSES OF DEATH.

The principal causes of death at the various age-periods are summarised in Table XII. Table XI gives the death-rate from each of the principal infectious diseases and from selected causes since 1856.

Epidemic Diseases.—These have been referred to in the Infectious Diseases Section of the Report.

Malignant Diseases.—Deaths from this group of causes numbered 288, equal to a death-rate of 177 per 100,000. During the 1940-1944 quinquennium the average rate was 175.

Diseases of the Nervous System.—In 1945, there were 317 deaths from cerebral hæmorrhage, cerebral embolism, and hemiplegia, and 33 from other diseases of the nervous system. The death-rate was 195 and 20 respectively, as compared with 195 and 26 in the preceding quinquennium.

Diseases of the Circulatory System.—These diseases were, as usual, responsible for the largest number of deaths. There were 624 deaths in 1945, equal to a death-rate of 383 per 100,000, or fully one-third of the deaths from all causes. It may be noted that of the 624 deaths, 283 occurred in age-groups 75 years and over.

With the increasing proportion of the population living to greater ages, it naturally follows that deaths from diseases of the heart or blood-vessels will become more and more numerous.

Diseases of the Respiratory System.—In 1945, the number of deaths from pneumonia (72) was equivalent to a death-rate of 44 per 100,000 of population, as against an average of 60 during the 1940-1944 quinquennium.

Bronchitis was also below the average rate in 1945, as compared with the past five years, being 35 per 100,000 as compared with an average rate of 49.

Diseases of the Digestive System.—In 1945, there were 105 deaths in the group, representing a rate of 64 per 100,000, as compared with a rate of 71 in the preceding quinquennium.

Diseases of the Genito-Urinary System.—The rate for 1945 was 67 per 100,000. In the quinquennium 1940-1944 the rate was 61.

Diseases of Pregnancy and Child-birth.—In 1945, there were only four deaths classified under this group, including 2 from puerperal sepsis.

Congenital Debility, Prematurity and Malformations.—Deaths in this group numbered 78, and are dealt with in detail in the section of the Report relating to the Maternity and Child Welfare Services.

Senility.—Deaths assigned to senility or senile dementia numbered 44. The rate in 1945 was practically about equal to the average rate for the preceding five years.

Violence.—Of the 101 deaths from violence in 1945, 19 were attributed to suicide.

APPENDIX TABLES.

TABLE I.—PROGRESS OF INFECTIOUS DISEASES DURING
TWELVE MONTHS—YEAR, 1945.

Disease.	1945.												Whole Year.
	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Cerebro-spinal Fever.	Cases 6	3	3	2	1	—	2	1	2	—	—	5	25
	Deaths —	1	—	—	—	—	1	—	—	—	—	1	3
*Chickenpox	Cases 2	1	—	—	1	1	2	1	6	—	—	—	14
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases —	—	—	—	—	—	—	—	—	—	—	1	1
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases 25	24	16	10	7	7	5	7	7	5	4	19	136
	Deaths 2	1	—	1	—	—	1	1	—	—	—	3	9
Dysentery	Cases 11	2	34	85	75	40	23	16	8	11	14	12	331
	Deaths —	—	—	—	—	1	2	—	—	—	—	—	3
Encephalitis Lethargica	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases 8	7	3	4	8	4	4	4	3	10	9	15	79
	Deaths —	1	—	—	—	—	—	—	1	—	—	—	2
Jaundice, Acute Infective	Cases —	—	—	—	—	1	—	—	1	1	1	—	4
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases —	—	—	—	—	—	—	—	1	—	—	—	1
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases 465	270	75	35	26	5	2	2	1	4	1	1	887
	Deaths 1	1	—	1	—	—	—	—	—	—	—	—	3
Ophthalmia Neonatorum	Cases —	—	—	1	—	—	1	1	—	—	—	—	3
Plague	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute	Cases 37	55	46	23	34	28	16	6	22	22	17	41	347
Primary	Deaths 6	5	2	1	3	2	2	3	1	3	2	4	34
Pneumonia Acute	Cases —	1	—	1	—	—	—	—	—	1	—	—	3
Influenzal	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Acute	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases 2	3	1	3	7	1	2	6	3	1	3	5	37
	Deaths —	—	1	—	—	—	—	—	—	—	—	1	2
Puerperal Pyrexia	Cases 1	—	—	—	1	—	—	—	—	1	—	1	4
	Deaths 15	13	11	16	18	20	33	26	29	39	35	61	316
Scarlet Fever	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary	Cases 11	13	15	13	18	24	16	16	19	20	27	15	207
	Deaths 9	3	3	8	4	9	6	3	6	7	4	8	70
Tuberculosis, Non-pulmonary	Cases 2	3	3	10	3	3	1	2	6	7	5	3	48
	Deaths 1	2	2	3	1	1	1	1	1	2	1	—	16
Typhoid Fever	Cases —	—	—	—	—	—	—	—	—	—	—	1	1
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	Cases —	2	—	—	—	—	—	—	—	—	4	—	6
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases —	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths —	—	—	—	—	—	—	—	—	—	—	—	—
*Whooping Cough	Cases 9	8	2	1	7	18	—	5	24	45	45	31	195
	Deaths —	1	—	—	—	—	—	—	2	—	1	—	4
Total	Cases 594	405	209	204	206	152	107	93	132	167	165	211	2645
	Deaths 19	14	8	14	8	13	13	8	10	13	8	17	145
Influenza, excl. Influenzal Pneumonia	Deaths —	1	3	1	—	—	—	—	1	—	—	1	7

*Not compulsorily notifiable.

TABLE II.—MORBIDITY AND MORTALITY OF INFECTIOUS DISEASES DURING 1945.

DISEASE		NO. OF CASES AND DEATHS AT VARIOUS AGE-PERIODS								CASES RECEIVING INSTITUTIONAL TREATMENT			Cases not receiving Institutional Treatment
		At all Ages	YEARS							Municipal Hospitals		Other Institutions	
			Under 1	1-5	5-15	15-25	25-45	45-65	65+	City Hospital	Woodend Hospital		
Cerebro-spinal Fever	{ Cases	25	7	10	2	3	1	2	—	23	—	2	—
	{ Deaths	3	1	2	—	—	—	—	—	2	1	—	—
*Chicken Pox ...	{ Cases	14	—	8	6	—	—	—	—	9	—	—	5
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Cholera	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (undulant)	{ Cases	1	—	—	—	—	—	1	—	1	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Diphtheria . . .	{ Cases	136	5	49	55	15	11	1	—	136	—	—	—
	{ Deaths	9	—	5	3	—	—	1	—	9	—	—	—
Dysentery	{ Cases	331	22	96	70	35	55	26	27	116	—	17	198
	{ Deaths	3	1	1	1	—	—	—	—	3	—	—	—
Encephalitis Lethargica...	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	{ Cases	79	1	—	2	6	18	34	18	41	1	1	36
	{ Deaths	2	—	—	—	—	—	—	2	1	1	—	—
Infective Jaundice ...	{ Cases	4	—	—	1	2	1	—	—	1	1	2	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Malaria	{ Cases	1	—	—	—	—	—	1	—	1	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
*Measles	{ Cases	887	23	265	581	16	2	—	—	96	—	—	791
	{ Deaths	3	1	2	—	—	—	—	—	3	—	—	—
Ophthalmia Neonatorum	{ Cases	3	3	—	—	—	—	—	—	2	—	1	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Plague	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	{ Cases	3	—	—	1	—	1	—	1	1	1	—	1
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	{ Cases	347	37	66	65	28	51	56	44	135	120	10	82
	{ Deaths	34	9	3	2	1	1	10	8	14	9	2	9
Poliomyelitis, Acute	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	{ Cases	37	—	—	—	6	31	—	—	36	—	1	—
	{ Deaths	2	—	—	—	—	2	—	—	2	—	—	—
Puerperal Pyrexia	{ Cases	4	—	—	—	2	2	—	—	3	—	—	1
Scarlet Fever...	{ Cases	316	1	86	200	17	11	1	—	256	—	—	60
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Small-pox	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Pulmonary...	{ Cases	207	1	2	15	68	86	27	8	104	40	28	35
	{ Deaths	70	1	—	1	16	33	15	4	23	13	3	31
Tuberculosis Non-pulmonary	{ Cases	48	—	7	10	11	13	3	4	6	23	10	9
	{ Deaths	15	—	4	3	4	0	1	3	6	3	5	1
Typhoid Fever	{ Cases	1	—	1	—	—	—	—	—	1	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	{ Cases	6	—	—	—	1	2	3	—	5	—	1	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	{ Cases	0	—	—	—	—	—	—	—	—	—	—	—
	{ Deaths	0	—	—	—	—	—	—	—	—	—	—	—
*Whooping Cough	{ Cases	195	16	41	137	1	—	—	—	32	—	—	163
	{ Deaths	4	3	—	—	1	—	—	—	2	—	—	2
Total ...	{ Cases	2645	116	631	1145	211	285	155	102	1005	186	73	1381
	{ Deaths	145	16	17	10	22	36	27	17	65	27	10	43

* Not compulsorily notifiable.

TABLE III.—MORBIDITY AND MORTALITY OF INFECTIOUS DISEASES DURING EACH YEAR FROM 1935 TO 1945.

Disease.		1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	ANNUAL AVERAGE 1935 to 1944.
Cerebro-Spinal Fever . . .	Cases	25	8	16	20	51	94	4	7	5	2	6	21.3
	Deaths	3	0	8	3	5	14	1	3	4	2	2	4.2
*Chickenpox . . .	Cases	14	36	44	60	18	31	25	63	42	61	83	46.3
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Continued Fever (Undulant) . . .	Cases	1	1	1	9	2	0	0	1	0	0	0	1.4
	Deaths	0	0	0	1	0	0	0	0	0	0	0	0.1
Diphtheria . . .	Cases	136	153	156	331	372	586	472	567	426	497	698	425.8
	Deaths	9	5	5	15	19	21	22	19	18	17	32	17.3
Dysentery . . .	Cases	331	83	335	396	248	198	83	446	145	97	91	212.2
	Deaths	3	5	6	10	8	5	2	3	0	3	4	4.6
Encephalitis Lethargica . . .	Cases	0	0	0	1	1	0	2	2	3	1	1	1.1
	Deaths	0	0	0	1	1	0	1	3	2	1	1	1.0
Erysipelas . . .	Cases	79	54	90	114	92	110	122	143	140	138	129	113.2
	Deaths	2	0	1	2	0	1	2	3	5	13	5	3.2
Infective Jaundice	Cases	4	4	6	10	17	13	23	23	18	16	18	14.8
	Deaths	0	0	1	0	3	1	1	2	0	1	1	1.0
Malaria . . .	Cases	0	0	1	1	0	4	0	3	2	0	5	1.6
	Deaths	0	0	0	0	0	0	0	0	1	0	0	0.1
*Measles . . .	Cases	887	245	501	528	136	1571	21	1477	44	114	2849	748.6
	Deaths	3	0	2	4	4	12	0	18	0	4	28	7.2
Ophth. Neonatorum	Cases	3	6	8	7	12	22	47	82	136	90	96	50.6
Plague . . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Pneumonia, Acute Influenzal . . .	Cases	3	12	56	1	19	19	27	4	99	6	40	28.3
	Deaths	0	2	27	1	4	10	9	1	38	2	13	10.7
Pneumonia, Acute Primary . . .	Cases	347	424	447	374	423	475	343	377	608	503	775	474.9
	Deaths	34	40	50	46	41	68	51	70	111	86	159	72.2
Poliomyelitis, Acute	Cases	0	20	1	0	2	3	1	6	0	0	1	3.4
	Deaths	0	2	0	0	0	0	0	0	0	0	0	0.2
Puerperal Fever	Cases	37	24	40	15	27	34	32	50	71	68	95	45.6
	Deaths	2	1	2	5	3	2	1	7	7	7	8	4.3
Puerperal Pyrexia	Cases	4	13	19	41	30	46	38	51	35	26	28	32.7
Scarlet Fever . . .	Cases	316	202	231	234	179	266	276	883	534	717	1491	510.3
	Deaths	0	0	1	0	0	0	2	1	2	7	11	2.4
Smallpox . . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Tuberculosis, Pulmonary . . .	Cases	207	171	173	158	122	115	116	92	97	101	120	126.5
	Deaths	70	82	74	76	80	87	68	67	71	71	71	74.7
Tuberculosis, Non- Pulmonary . . .	Cases	48	63	58	61	64	55	42	57	66	51	71	58.8
	Deaths	15	34	26	31	23	18	17	18	26	16	28	23.7
Typhoid and Para- typhoid Fevers	Cases	7	3	0	3	11	15	13	4	7	10	55	12.1
	Deaths	0	0	0	0	1	0	0	1	1	3	7	1.3
Typhus Fever . . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
*Whooping Cough	Cases	195	346	165	243	321	369	33	458	367	767	153	322.2
	Deaths	4	2	3	5	7	12	0	13	18	25	7	9.2
Influenza, excl. Influenzal Pneumonia . . .	Deaths	7	5	20	3	10	18	19	4	27	4	22	13.2

*Not compulsorily notifiable.

TABLE IV.—INFANTILE MORTALITY IN WARDS OF THE CITY.

YEAR.	Whole City.	Ward of City.												
		Wood-side.	St. Machar.	St. Clement's.	Grey-friars.	St. Nicholas.	Glcom-ston.	Rose-mount.	Rubis-law.	Ruthrie-ston.	Hol-burn.	Ferry-hill.	Torry.	
1945 .	Infant Mortality Rate	54	72	65	56	75	45	61	56	19	16	45	49	49
Average 1940-44	do.	71	57	91	102	99	76	53	49	45	39	67	53	75
1945 .	Number of Births	2830	432	416	268	239	132	147	162	158	250	132	165	329
Average 1940-44	do.	2896	438	431	289	267	132	168	159	135	212	143	178	333
1945 .	Number of Deaths under 1 year.	152	31	27	15	18	6	9	9	3	4	6	8	16
Average 1940-44	do.	205	25	38	29	27	10	9	8	6	8	10	9	25
1945 .	Causes of Death—Infectious Diseases	8	1	1	1	—	—	—	—	—	1	1	1	2
Average 1940-44	do.	9	1	3	2	1	—	0.2	0.4	0.2	—	—	—	—
1945 .	Tuberculosis	1	1	—	—	—	—	—	—	—	—	—	—	—
Average 1940-44	do.	1	0.2	—	0.2	0.2	0.4	—	—	—	—	—	—	0.2
1945 .	Diseases of Early Infancy	78	16	14	8	8	2	6	4	2	2	4	2	10
Average 1940-44	do.	109	14	19	13	10	4	6	4	5	6	6	6	15
1945 .	Pneumonia, Bronchitis, etc.	24	6	3	2	3	—	3	1	1	1	1	2	1
Average 1940-44	do.	44	6	8	5	9	3	2	2	1	2	2	1	3
1945 .	Diarrhea and Enteritis	33	5	6	4	7	4	—	4	—	—	—	1	2
Average 1940-44	do.	27	3	5	6	4	2	0.2	1	—	0.4	1	1	4
1945 .	Other Causes	8	2	3	—	—	—	—	—	—	—	—	2	1
Average 1940-44	do.	14	1	2	3	3	1	1	1	0.2	0.2	0.6	1	1

1945.—Of above 152 deaths, 25 — 16 per cent.—occurred among illegitimate children. The numbers are denoted in brackets.
 Average 1940-44.—Of above 205 deaths, 27 — 13 per cent.—do. do.

TABLE V.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.
Year 1945.

CAUSES OF DEATH	AGE																Average for preceding 5 years (1940-44)	
	FIRST YEAR												SECOND TO FIFTH YEARS					
	First Four Weeks				First Three Months				The Four Quarters				Total					
	0-1	-2	-3	-4	0-1	-2	-3	-4	0-3	-6	-9	-12	-2	-3	-4	-5		
Chicken-pox . . . . .	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	2	..	2
Measles . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.2
Scarlet Fever . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.2
Whooping Cough . . . . .	..	..	..	..	..	..	..	..	1	1	1	3	..	..	..	..	3	2
Diphtheria . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	5	1
Dysentery . . . . .	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	0.4
Erysipelas . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Epidemic Cerebro-Spinal Meningitis . . . . .	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	2	1	1
(a) Brain . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
(b) Abdomen . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.2
(c) Lungs . . . . .	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	1
(d) Other Forms . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Tuberculosis of . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.2
Meningitis . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Hydrocephalus . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.2
Convulsions . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.6
Pneumonia . . . . .	..	..	..	3	..	3	5	..	11	5	4	1	3	..	1	1	5	9
Bronchitis . . . . .	..	..	..	..	..	..	1	..	1	2	..	3	1	..	..	1	1	0.2
Diarrhoea and Enteritis . . . . .	..	..	..	..	..	..	4	..	11	17	1	2	31	..	..	..	27	2
Other Digestive Diseases . . . . .	..	..	..	..	..	..	..	..	..	1	1	..	2	..	..	1	3	0.6
Congenital Heart	1	1	1	..	3	1	1	5	..	..	..	5	..	..	..	1	1	7
Other Congenital Malformations	6	..	4	2	6	1	1	43	..	..	..	8	..	..	..	..	10	10
Prematurity	36	..	..	..	42	1	2	4	..	..	..	43	..	..	..	..	58	58
Atrophy, Debility, and Marasmus . . . . .	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	7	7
Atelectasis	5	..	..	..	5	..	..	5	..	..	..	5	..	..	..	..	11	11
Injury at Birth	9	1	..	..	10	..	..	10	..	..	..	10	..	..	..	..	2	2
Syphilis . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Burns and Scalds . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Suffocation . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Other Accidents . . . . .	..	..	..	..	..	..	..	1	1	2	2	1	2	2	1	..	3	0.6
Other Causes	3	1	..	..	4	..	..	4	2	2	1	9	2	2	..	5	14	5
ALL CAUSES	60	4	6	5	76	10	18	104	32	11	5	152	18	7	5	4	205	44
Average for preceding 5 years	77	11	12	9	109	19	18	146	33	16	10	205	20	10	7	7	44	...

* This column includes all deaths in preceding columns.

TABLE VI.—ABERDEEN.—BIRTHS, STILL-BIRTHS, INFANT MORTALITY.
Years 1935-1945.

YEAR.	No. of Live Births.	Live Births per 1,000 of Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.	Still Births per 1,000 Total Births, incl. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 1 Month.	Death-rates from all Causes per 1,000 Live Births.				Death-rates among Infants under 1 Year of Age from Chief Causes per 1,000 Births.										
								Total under one Year.	Under One Month (Neo-natal Rate).	One Month and under Six Months.	Six Months and under One Year.	Dysentery, Cong. Defects and Dis. of Early Infancy.	Dis. of Digest. Syst., Wasting and Debility, Convulsions.	Bronchitis and Pneumonia.	Measles.	Whooping Cough.	Diphtheria.	Scarlet Fever.	Tuberculosis.	Syphilis.	Suffocation.	
1945 .	2830	15.5	10.0	71	24	152	76	54	27	21	6	26	14	8	0.4	1	0	0	0.4	0	0	0
1944 .	2989	16.5	9.2	68	22	169	83	57	28	23	6	28	9	14	0	0.3	0	0	0.3	0.7	2	
1943 .	2876	16.0	8.9	96	32	195	111	68	39	24	5	34	14	12	0.3	0.7	0	0	0	0.7	0.3	
1942 .	2904	16.1	8.5	91	30	194	104	67	36	22	9	35	14	10	1	1	0.7	0	1	1	0	
1941 .	2907	16.2	7.5	96	32	224	128	77	44	25	8	38	16	15	0.3	1	0	0	0	0.3	1	
1940 .	2804	15.6	6.3	115	39	241	120	86	43	27	16	38	13	22	1	2	1	0	0.4	0.4	0.4	
Average 1940-44 .	2896	16.1	8.1	93	31	205	109	71	38	24	9	35	13	15	0.5	1	0.3	0	0.3	0.6	0.7	
1939 .	2977	16.6	6.3	111	36	177	102	59	34	18	7	30	10	13	0	0	0	0	0.7	0.7	1	
1938 .	3008	16.9	5.6	Still-Birth Act not in force until 1939				71	33	26	12	29	15	15	2	1	1	0	0.3	0	1	
1937 .	3026	17.1	6.4					72	34	25	13	32	11	18	0	4	0.3	0.3	1	0.3	1	1
1936 .	3048	17.2	6.4	214	214	99	99	70	32	22	16	29	15	12	1	5	1	0	0.3	0	0.3	
1935 .	3157	18.0	6.4	286	286	117	117	91	37	29	25	31	12	31	3	1	0.3	0.3	1	0.6	1	
Average 1935-39 .	3043	17.2	6.2	222	34	24	104	73	34	24	15	30	13	18	1	2	0.5	0.1	0.7	0.3	1	

JOINT SCHEME FOR TREATMENT OF VENEREAL DISEASES IN CITY OF ABERDEEN
AND NORTH-EASTERN COUNTIES.

Treatment Centres at Aberdeen Royal Infirmary and City Hospital.

TABLE VII.—NUMBER OF NEW REGISTRATIONS.

From all Areas—Combined Civilian and Forces Cases.

Year	Treatment Centre	Total	Syphilis	Gonorrhœa	Soft Chancre	N.S.V.D.	Conditions other than Venereal
1945 Average 1940-44	Royal Infirmary . .	1718	375	518	10	416	399
	City Hospital . .	185	48	36	—	22	79
	Both Centres . .	1903	423	554	10	438	478
	Do. . .	1605	431	568	9	341	256

VENEREAL DISEASES SERVICES.

TABLE VIII.—ATTENDANCES AT TREATMENT CENTRES FROM ALL AREAS.

Year	Treatment Centre	Total	Syphilis		Gonorrhœa		Soft Chancre		N.S.V.D.		Conditions other than Venereal	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1945 Average 1940-44	Royal Infirmary . .	17,601	4601	5174	2031	1304	51	11	1423	1330	699	977
	City Hospital . .	2041	467	1026	118	137	—	—	71	71	47	104
	Both Centres . .	19,642	5068	6200	2149	1441	51	11	1494	1401	746	1081
	Do. . .	22,458	7380	7043	2461	2233	28	4	758	1837	316	398

VENEREAL DISEASES SERVICES.

TABLE IX.—IN-PATIENT CASES FROM ALL AREAS.

Year	Total	Syphilis		Gonorrhœa		Soft Chancre		N.S.V.D.		Conditions other than Venereal	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1945	511	118	59	233	4	2	—	62	12	18	3
Average 1940-44	540	162		263		2		93		20	

TABLE X.—ABERDEEN.—MARRIAGE, BIRTH, AND DEATH RATE—1856 TO 1945.
Per 1,000 of population.

Year	Population†	Marriages		Live Births *			Deaths *			Excess of Birth-rate over Death-rate	Infantile Mortality Deaths of Infants under 1 year per 1,000 Births
		Number	Rate per 1,000 of Population	Number	Rate per 1,000 of Population	Illegit Births per 100 Total Births	Number	Rate per 1,000 of Population	Average Age at Death		
1945	163,103	2,286	12·5	2,830	15·5	10·0	2,084	12·8	59·6	...	54
1944	159,263	1,646	9·1	2,989	16·5	9·2	2,056	12·9	58·4	<i>See Footnote</i>	57
1943	159,162	1,700	9·5	2,876	16·0	8·9	2,239	14·1	57·5		68
1942	164,100	2,034	11·3	2,904	16·1	8·5	2,224	13·6	57·9		67
1941	167,800	2,055	11·4	2,907	16·2	7·5	2,257	13·5	56·2		77
1940	172,310	2,370	13·2	2,804	15·6	6·3	2,457	14·3	55·8		86
Mean of 1940-1944	164,527	1,961	10·9	2,896	16·1	8·1	2,247	13·7	57·2	...	71
1939	179,628	2,166	12·1	2,977	16·6	6·3	2,083	11·6	57·1	5·0	59
1938	178,199	1,829	10·3	3,008	16·9	5·6	2,136	12·0	54·5	4·9	71
1937	177,317	1,721	9·7	3,026	17·1	6·4	2,298	13·0	55·1	4·1	72
1936	176,897	1,723	9·7	3,048	17·2	6·4	2,240	12·7	54·6	4·5	70
1935	175,373	1,755	10·0	3,157	18·0	6·4	2,375	13·5	51·8	4·5	91
Mean of 1935-39	177,483	1,839	10·4	3,043	17·1	6·2	2,226	12·6	54·6	4·6	73
1931-1935	171,959	1,590	9·2	3,133	18·2	7·1	2,284	13·3	52·1	4·9	86
1926-1930	165,956	1,510	9·1	3,263	19·7	8·2	2,207	13·3	49·1	6·4	94
1921-1925	161,622	1,582	9·8	3,763	23·3	8·2	2,303	14·3	44·4	9·0	115
1916-1920	161,568	1,754	10·9	3,479	21·5	10·6	2,439	15·1	41·7	6·5	127
1911-1915	164,324	1,489	9·1	3,959	24·1	10·2	2,752	16·8	38·1	7·4	143
1906-1910	163,620	1,360	8·3	4,505	27·5	9·7	2,512	15·4	37·6	12·2	128
1901-1905	158,082	1,428	9·0	4,872	30·8	8·5	2,763	17·5	34·9	13·3	143
1896-1900	145,740	1,356	9·3	4,636	31·8	8·3	2,644	18·1	33·3	13·7	144
1891-1895	131,627	1,099	8·4	4,114	31·3	9·8	2,539	19·3	32·9	12·0	147
1886-1890	117,587	911	7·8	3,827	32·5	10·4	2,370	20·2	...	12·3	140
1881-1885	108,959	848	7·8	3,712	34·1	10·6	2,159	19·8	...	14·3	126
1876-1880	100,419	788	7·9	3,480	34·7	10·9	2,100	20·9	...	13·8	129
1871-1875	91,941	705	7·7	3,169	34·5	12·1	2,063	22·4	...	12·1	133
1866-1870	84,234	684	8·1	3,010	35·7	12·9	1,978	23·5	...	12·2	133
1861-1865	77,040	624	8·1	2,663	34·6	...	1,915	24·9	...	9·7	130
1856-1860	73,458	524	7·1	2,397	32·6	...	1,772	24·1	...	8·5	126

* Corrected for transferred births for 1911 and for transferred deaths for 1904 and subsequent years.

† Civilian Population from 1940 onwards used for death-rate only—*See Text*.

TABLE XI.—ABERDEEN.—DEATHS AT ALL AGES FROM SELECTED CAUSES
(per 100,000 of population).—*Years 1856-1945.**

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tuberc. Dis.		Dis. of Digestive System (inc. Diarrhea).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.†
									Respiratory.	Other Tuberculosis.					
1945 . . .	0	0	6	2	2	4	0	0	43	9	64	177	35	44	383
1944 . . .	0	0	3	0	2	4	0	0	48	21	58	167	39	47	387
1943 . . .	0	1	3	1	2	28	0	0	46	16	78	189	48	57	386
1942 . . .	0	0	9	2	3	2	0	0	46	18	79	187	40	49	367
1941 . . .	0	0	11	2	4	8	0	1	48	13	65	169	46	64	362
1940 . . .	0	0	12	6	6	16	0	0	50	11	73	164	73	85	379
Mean of 1940-44 .	0	0·1	8	2	3	12	0	0·1	48	16	71	175	49	60	376
1939 . . .	0	1	12	0	0	16	0	0	38	9	68	162	40	56	306
1938 . . .	0	1	11	10	7	3	0	1	38	10	75	154	40	61	301
1937 . . .	0	1	10	0	10	37	0	1	40	15	59	164	46	89	339
1936 . . .	0	4	10	2	14	3	0	2	40	9	68	155	51	76	331
1935 . . .	0	6	18	16	4	20	0	4	40	16	68	168	57	125	289
Mean of 1935-39 .	0	3	12	6	7	16	0	4	39	12	68	161	47	81	313
Mean of 1931-35 .	0	5	9	9	12	18	0	1	52	17	70	159	60	102	276
„ „ 1926-30 .	0·2	2	10	11	11	21	0	0·2	62	30	78	145	61	100	240
„ „ 1921-25 .	0	5	11	33	29	27	0	1	88	31	80	140	80	92	195
„ „ 1916-20 .	0	6	16	22	23	73	0	3	106	43	87	121	99	122	178
„ „ 1911-15 .	0·2	38	42	56	32	16	0	4	111	49	124	116	101	128	184
„ „ 1906-10 .	0	6	15	26	42	20	0	2	116	61	115	103	105	116	180
„ „ 1901-05 .	0·1	8	9	41	47	20	3	4	138	69	162	87	145	125	179
„ „ 1896-1900 .	0	23	18	35	53	29	0	9	167	70	210	87	172	109	167
„ „ 1891-95 .	0·4	21	22	63	52	56	1	10	181	72	190	81	210	100	156
„ „ 1886-90 .	1	14	10	80	66	9	1	15	184	67	202	68	216	100	175
„ „ 1881-85 .	0·2	13	15	36	67	1	6	13	204	74	185	69	251	82	159
„ „ 1876-80 .	1	35	30	28	66	2	19	29	223	101	194	61	286	72	146
„ „ 1871-75 .	48	68	30	53	68	5	20	35	243	107	214	56	281	60	136
„ „ 1866-70 .	4	71	5	50	62	8	62	49	298	130	259	59	238	70	122
„ „ 1861-65 .	36	93	49	51	62	12	176		274	128	280	57	220	59	122
„ „ 1856-60 .	40	118	54	70	69	12	109		322	179	203	56	182	58	111

*Corrected for transferred deaths in 1904 and subsequent years.

†From 1911 onwards, Cerebral Embolism and Thrombosis excluded.

TABLE XII.—ABERDEEN.—MORTALITY AT VARIOUS AGE PERIODS FROM VARIOUS CAUSES.
(Corrected for transferred deaths.)

AGE.	All Causes.										Tuberculous Diseases.										Malignant Diseases.		Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.		Respiratory Diseases.			Dis. of Digest. System (incl. Diarrhoea and Enteritis).		Dis. of Genito-Urinary System.		Dis. of Pregnancy and Child-birth.		Cong. Debility, Malformations, and Prematurity.	Senility.	Violence.	Miscellaneous.
	Infectious and Parasitic Diseases (excl. Tuberculosis).		Respiratory.		Other Tuberculous.				Cereb. Hem., etc.		Other Nervous.		Dis. of Circulatory System.		Pneumonia.	Bronchitis.	Other Respiratory.	Dis. of Digest. System (incl. Diarrhoea and Enteritis).		Dis. of Genito-Urinary System.	Puerperal Sepsis.	Other Diseases.	Cong. Debility, Malformations, and Prematurity.	Senility.	Violence.	Miscellaneous.													
	Principal Epidemic.	Other Infections.																																					
Under 1 year .	152	6	0	1	0	0	0	5	0	21	3	0	34	2	0	0	0	0	0	0	0	78	0	2	0														
1-5 years .	34	9	2	0	4	1	0	3	0	5	1	0	3	0	0	0	0	0	0	0	0	0	0	4	2														
5-15 „	27	3	2	1	3	0	0	0	0	1	2	0	0	1	0	0	0	0	0	0	0	0	0	12	2														
15-25 „	46	1	1	16	4	1	2	2	2	2	1	0	3	2	0	0	0	0	0	0	0	0	0	6	3														
25-35 „	50	0	0	17	0	4	1	4	5	0	1	0	5	2	0	2	0	0	0	0	2	0	0	5	4														
35-45 „	90	0	0	16	0	12	3	2	18	3	2	3	6	7	0	0	0	0	0	0	0	0	6	10															
45-55 „	183	2	3	6	1	46	19	3	41	4	4	2	13	12	0	0	0	0	0	0	0	0	15	12															
55-65 „	291	0	10	9	0	60	40	6	85	12	6	5	10	17	0	0	0	0	0	0	0	0	17	13															
65-75 „	546	2	3	4	3	99	116	6	190	11	12	4	16	35	0	0	0	0	0	0	0	0	5	12															
75+ „	665	3	3	0	0	65	136	2	283	13	25	6	15	32	0	0	0	0	0	0	0	0	22	22															
All Ages .	2084	26	24	70	15	288	317	33	624	72	57	20	105	110	2	2	78	44	101	96																			

B.—DEATH-RATE PER 100,000.																				
1945 .	1278	16	15	43	9	177	195	20	383	44	35	12	64	67	0.1	0.1	48	27	62	60
Average 1940-44 .	1364	35	14	47	16	175	195	26	376	60	49	21	71	61	2	3	64	26	63	60

